



CK's Summer Baseball Clinics 2017

Child's First Name:	Home Phone:
Last Name:	Work Phone:
Address:	Cell Phone:
City:	Date of Birth: ____/____/____
State:	Email Address:
Zip Code:	Parent's Name(s):

Position Specific Clinics (Pitching, Catching and Hitting) at CK's

Date (M – Fri.)	9:00 – 12 PM	12:30 – 3:30 PM
June 26 – 30	<input type="checkbox"/> Pitching & Hitting	<input type="checkbox"/> Pitching & Infield
July 3, 5, 6, 7* (Mon, Wed– Fri)	<input type="checkbox"/> Pitching & Catching	<input type="checkbox"/> Pitchers & Hitting
July 10 – 14	<input type="checkbox"/> Hitting & Catching	<input type="checkbox"/> Hitting & Infield
July 17 – 21	<input type="checkbox"/> Pitching & Infield	<input type="checkbox"/> Pitching & Hitting
July 24 - 28	<input type="checkbox"/> Hitting and Infield	<input type="checkbox"/> Pitching and Catching

August Clinics - AM Clinic at Marlboro Little League & PM Clinic at CK's

July 31- Aug 4	<input type="checkbox"/> All Skills (MLL Outdoors)	<input type="checkbox"/> Pitchers & Hitting
August 7 – 11	<input type="checkbox"/> All Skills (MLL Outdoors)	<input type="checkbox"/> Hitting & Infield
August 14 – 18	<input type="checkbox"/> All Skills (MLL Outdoors)	<input type="checkbox"/> Pitching, Catching & Hitting
August 21 – 25	<input type="checkbox"/> All Skills (CK's)	<input type="checkbox"/> Hitting & Infield

Half Day	1 week	\$210	2 weeks	\$375	Each additional week \$150	\$
Full Day	1 week	\$375	2 weeks	\$675	Each additional week \$275	\$
Total Weeks: _____						\$ _____

In consideration of acceptance for my child in the Baseball Clinic outlined above, I hereby waive and release any claim we may have to damages against CK's Baseball4U, LLC and MLL.

Parent's Signature _____

Date _____