Mail to:
Jeff Kaier
Baseball Office
PE Bld. Suite 123
1400 Washington Ave
Albany, NY 12222

HITTING/DEFENSIVE CLINICS AT UALBANY

DATES- 12/2, 12/9, 12/23, 12/30, 1/13, 1/20
PLEASE CIRCLE SESSION TIME AND PROGRAM(S)

SESSION 1- 6-7PM (HITTERS ONLY)
SESSION 2- 7-8PM (DEFENSE/PITCHING ONLY)
PROGRAM- HITTING CLINIC ONLY: $189
DEFENSE/PITCHING CLINIC ONLY: $189
HITTING PLUS DEFENSE: $249
LOCATION- PE GYM/BUBBLE
PLEASE MAKE CHECKS PAYABLE TO JEFF KAIER

Name_____

Height_____ Age_____

E-Mail_____ Position_____

Address_____

City_____ Zip_____

Phone Number_____ Cell_____

Parents or Legal Guardians Name_____

Emergency Contact Name and Number_____

Relationship_____

Medical Waiver:

As the parent/guardian of the participant in the HITTING/DEFENSIVE CLINICS AT UALBANY, I certify that he/she is in excellent physical health and capable of participating is any strenuous activity. I hereby give my approval to his/her participation at the baseball camp. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities my child is a participant. I hereby release, absolve and hold harmless the University at Albany, the baseball coaching staff, sponsors and supervisors from any such claim. In the event of an emergency, I hereby give permission for a representative of the clinic to transport my child if necessary for medical attention.

Signature Parent/Guardian_____