

Pitchers Clinic
Saturday, April 14
LV Co. Fairgrounds Baseball Fields
(Rain Out Hotline 845-3502)

Participant _____ M/F _____

Address _____ Phone _____

City _____ Zip _____ Age _____

Would you like to join our Online Newsletter Group?

YES NO Already a Member

Email Address _____

Make Checks payable to TRC

Program Fee: \$5 per student

PARENT/GUARDIAN: I hereby state that I understand and agree with the above described activity and policies, and that the above said individual has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission & Tonganoxie Martial Arts Center, their employees, volunteers, or agents from any claim that the said individual might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said individual to participate in the described activity.

SIGNATURE: _____ **DATE** _____