



2019 SUNSET APOLLOS YOUTH CATCHING CLINIC

At Sunset High School

Dates & Times

Session #1: January 15, 22, and 29 (Cost \$60 for three weeks)

Session #2: February 5, 12, and 19 (Cost \$60 for three weeks)

6 Players max at each session

Player can attend January and February session

Catching Sessions (1 hour)

___ Session #1 in January Tuesdays from 6p-7p

___ Session #2 in February Tuesdays from 6p-7p

Make check payable to "Sunset High School Baseball"

Mail to Sunset High School c/o Baseball
13840 NW Cornell Rd. Portland, OR 97229

**Dates, times and number of clinics are subject to change based on participation. We will make every effort to keep you in your preferred time slot. Due to safety and space clinics are players only, clinics are drop off and pick up. Player needs to come prepared with their own catchers gear, we can try to assist if a player is in need if we have right size. Clinic will take place in Sunset High School Batting Cage.*

Confirmation will be emailed to parent listed below in registration

Contact

Sunset High School Head Baseball Coach & Clinic Director John Barnes

Email: john.barnes@beaverton.k12.or.us 971-221-2946



SCHOOL SPONSORED CAMP/CLINIC REGISTRATION FORM

Student's Name:		Gender:	Current School:	Student ID #
Birthdate:	Grade in School		Email:	
Parent/Guardian Name:		Emergency Contact Name:	Emergency Contact Phone#	
Parent Cell Phone:	Parent Work/Home Phone:	Physician Name	Physician Phone #	
Health Insurance Provider:		Policy Number	Group Number	
ALLERGIES, MEDICAL CONDITIONS, ETC. THAT WE SHOULD KNOW ABOUT:				
<p>◆ MEDICAL WAIVER I, the parent/guardian of the above named student, grant permission to the supervising Staff or Coach to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.</p>				
<p>◆ HOLD HARMLESS I, agree to release from liability, to defend, indemnify and hold harmless the Beaverton School District, its employees, school board members, volunteers and agents from all claims, unless the claim is based on the willful misconduct of the school district. I affirm that I have carefully read and understand this agreement and all of its terms.</p>				
Parent/Guardian Name (Print)		Parent/Guardian Signature		Date