



2019 SUNSET APOLLOS YOUTH WINTER HITTING CLINIC

At Sunset High School

Dates & Times

Session #1: January 13, 20, and 27 (Cost \$60 for three weeks)

Session #2: February 3, 10, and 17 (Cost \$60 for three weeks)

There will be two time slots offered each month Noon-1p and 1:30p-2:30p

12 Players max at each session

Player can attend January and February session

Hitting Sessions (check your desired session)

___ Session #1 January Noon-1p	___ Session #1 January 1:30p-2:30p
___ Session #2 February Noon-1p	___ Session #2 February 1:30-2:30p

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 hitting clinics are players only, clinics are drop off and pick up. Player needs to come prepared with their own helmet and bat, we can try to assist if a player is in need. 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