



BALTIMORE COUNTY DEPARTMENT OF RECREATION & PARKS PRESENTS



52ND ANNUAL BASEBALL CLINIC

WITH CURRENT BALTIMORE ORIOLES PLAYERS

AGES 6 - 14 AND ADULT COACHES

SATURDAY, APRIL 10, 2010



Table with 2 columns: Field Name (LOCATION, TIME, COST) and Field Value (BLOOMSBURY COMMUNITY CENTER, 9:00 a.m. - 11:30 a.m., Youth Clinic Participants and Adult Coaches Clinic Participants - \$5.00)

YOUTH PARTICIPANTS - Instruction in Batting, Pitching, Outfield and Infield

ADULT COACHES - Tips on Coaching Youth, Strategies, Handling Parents, and Drills

FREE BOOK - COACHING YOUTH BASEBALL - for Participating Adults

INSTRUCTION PROVIDED BY: DEAN ALBANY, Baltimore Orioles professional baseball scout and staff that includes current and former Baltimore Orioles players and coaches

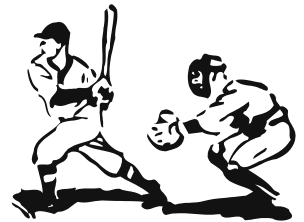
For tickets please contact the Southwest Area Recreation Office at 410-887-1071 or mail the below waiver form with a check (made payable to Catonsville Recreation & Parks Council) to:

Baltimore County Department of Recreation and Parks, Southwest Area Recreation & Parks Office, 106 Bloomsbury Avenue, Room 129, Catonsville, MD 21228.

TICKETS ARE LIMITED TO THE FIRST 250 YOUTH PARTICIPANTS AND THE FIRST 80 ADULT PARTICIPANTS - RESERVE YOURS TODAY.

For directions to Bloomsbury Community Center or inclement weather information, please call the Southwest Area Recreation Office at 410-887-1071.

TT/Deaf: 410-887-5319 (5370 voice)



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REGISTRATION FORM

Youth Clinic: (Total Tickets) Beginner Adult Coaches Clinic: (Total Tickets) Advanced Adult Coaches Clinic: (Total Tickets)

Participant's Name: Age: Emergency Phone Number:

Mailing Address: City: State: Zip:

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY, I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE...

Signature of Participant (if over 18) OR of Parent/Guardian (if under 18): Date:

Print Name of Signatory: Relationship to Participant:



BALTIMORE COUNTY MARYLAND Department of Recreation and Parks