



Registration Form



The parent or guardian must fill this form out prior to attending EIBA Clinic. Please include this form with the proper clinic fee amount when mailing in or returning to the clinic coaches. EIBA has devised this clinic in an effort to improve the surrounding areas athletes, enhancing community interest and promoting the benefits of enjoying America's favorite pastime- BASEBALL.

Participant's Age: _____ T-Shirt Size: **Youth SM Youth Medium Youth Large Adult SM**

Participant's Name: _____

Address _____

Phone Number _____ Parents Name _____

Parent's Consent and Release

The parent or guardian must fully complete and sign this form. There are no exceptions.

1. I/We have read and confirmed the a voce information and agree to allow my child to participate in the Extra Innings Baseball Academy Clinic.
2. I/We understand and acknowledge and appreciate the risks and dangers involved in allowing our child to participate in EIBA clinic. I/We assume all risks, injury and damage incident to my child's participation in the EIBA clinic. I/We further in consideration of the privilege to attend this clinic, hereby release and relinquish the EIBA, its representatives, employees of and from all claims, demands, actions, and cause of action of any sort, for any injuries sustained by our child.
3. I/We release, discharge and agree no to sue Extra Innings Baseball Academy. I/We further agree I/We shall hold harmless and fully indemnify EIBA, its representatives, employees or any person connected with EIBA.
4. Finally, I/We agree in the event of illness or injury to my child during the EIBA clinic, I/We hereby give consent for the performance of such diagnostic, medical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Date: _____

Signature: _____ Relationship to child: _____

Emergency Phone: _____ Medical Insurance Company: _____

Mail this form along with check made payable to Extra Innings Baseball Academy to:
Extra Innings Baseball Academy
517 Silver Hollow Drive, Baden, PA 15005

*For more information please contact Coach Tom Chimenti
@ 412.841.6906 or extrainningsacademy@gmail.com*