



Clinic Registration Form

First Name		Last Name	
Address	City	State	Zip Code
Phone	Date of Birth	Email Address	

7-12 Years Old 13-18 Years old

Baseball Clinics

Pitching Clinic

- Session 1 - 11/5, 11/12, 11/19
- Session 2 - 3/3, 3/10, 3/17, 3/24

Hitting Clinic

- Session 1 - 12/4, 12/11, 12/18, 1/8
- Session 2 - 2/7, 2/14, 2/21, 2/28

Catching Clinic (Baseball & Softball)

- Session 1 - 11/7, 11/14, 11/21, 11/28
- Session 2 - 3/5, 3/12, 3/19, 3/26

Softball Clinics

Pitching Clinic

- Session 1 - 12/3, 12/10, 12/17, 1/7
- Session 2 - 2/6, 2/13, 2/20, 2/27

Hitting Clinic

- Session 1 - 11/6, 11/13, 11/20
- Session 2 - 3/4, 3/11, 3/18, 3/25

Cost per session: \$80.00 Member
 \$100.00 Non-Member

Payment Method:

- Check - Make payable to MVP Baseball/Softball Academy
- Credit Card

Card Number _____

Exp. Date _____

Type Visa MasterCard Amex

I/We the parent(s)/guardian(s) of the above mentioned minor child, hereby give my/our approval to his/her participation in the MVP Baseball/Softball Clinic. I/We assume all risks and hazards incidental to such participation; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless MVP Baseball/Softball Clinic, the organizers, sponsors, participants, of the clinic activities for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

Signature _____

Printed Name _____

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