

FREE YOUTH BASEBALL CLINIC

Sponsored by St. Matthew's Episcopal Church

For all baseball & softball

"1st time" & Returning players

from last years clinic

Grades 2-5

SAINTS IN THE INFIELD

DAVID ALLEN MEMORIAL BALLPARK

SUNDAY, MARCH 19TH 2023

2:00 P.M. - 5:00 P.M.

Each participant will receive a hat & ball.
Each participant will receive a glove if needed.

Water & Snacks will be provided.

Contact Information	
Name :	Age/Grade :
Phone :	
Address :	
Email Address :	
Do you need a Glove?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes:	Right Handed Glove OR Left Handed Gove Baseball OR Softball
Emergency Contact :	
Contact me for other kid's events sponsored by St. Matthew's:	<input type="checkbox"/>

If you have questions or need help filling out the form, please contact us:

580-237-4737 or stm.enid@icloud.com

****PLEASE FILL OUT CONSENT FORM ON BACK****

LIMITED TO THE FIRST 100 REGISTRANTS

Forms Due by February 24th

Return to your school or mail to:

St. Matthew's Episcopal Church 518 W Randolph, Enid, OK 73701

Waiver and Release Form for Youth Baseball Clinic
Liability Release and Parental Consent Form

I, the undersigned, being the parent or legal guardian of _____, completely understand that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I do hereby consent for my child (children) to participate in any of the activities at the Free Youth Baseball Clinic entered into and sponsored by St. Matthew's Episcopal Church and the use of the facilities of David Allen Memorial Ballpark.

I specifically consent to allow my child to participate in the Free Youth Baseball Clinic as a member and hereby release, indemnify and hold harmless David Allen Memorial Ballpark, St. Matthew's Episcopal Church, and its coaches, assistant coaches, members, players, volunteers, employees and assignees from any and all liability, claims, actions, demands, and judgments arising out of any injury, theft or loss sustained by the above-named child, myself, my family or guests in connection with the Free Youth Baseball Clinic, any team sessions or any team activities, or any other functions that the above-named child will be involved in at this clinic even though the liability may arise out of perceived negligence on the part of persons mentioned above. I have read the Waiver and Release Form for the Free Youth Baseball Clinic, Liability Release and Parental Consent Form, understand it and voluntarily accept it. I have the authority to sign this Waiver of Liability on behalf of my above-named child.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that St. Matthew's Episcopal Church and David Allen Memorial Ballpark will provide no medial insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions. Please list any known allergies or medical issues.

Parent signature _____

Printed name _____ Date _____