



YARDVILLE CYO TEE BALL CLINIC

**A COED TEE BALL CLINIC FOR 4 & 5 YEAR OLDS WILL BE
OFFERED BY THE YARDVILLE CYO ON THURSDAYS
BEGINNING AUGUST 6TH**

**The tee ball clinic will be held on the CYO Tee Ball Field!
Spaces are limited!**

**AGE REQUIREMENTS: MUST BE BETWEEN THE AGES OF 4 - 5 BY
AUGUST 29, 2020 (START OF TEE BALL SEASON)**

REGISTRATION FEE: \$40.00

*The basics of tee ball will be the focus of the clinic. Drills will include some of the following: hitting, fielding, throwing, and catching as well as teaching the basic rules of tee ball. This clinic will lead right into the start of the tee ball season on 8/29!

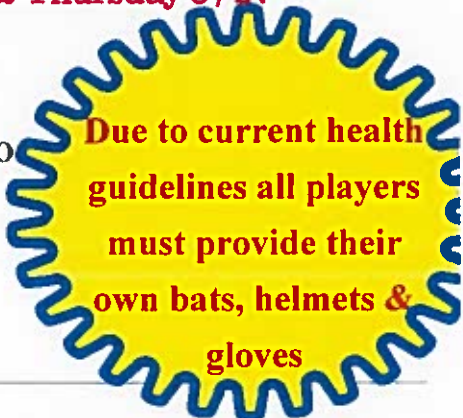
***Clinic Dates: Thursday 8 / 6 , Thursday 8 / 13, Thursday 8 / 20 & Thursday 8 / 27**

***Clinic Time: 10:30am - 11:30am**

*The final clinic will include a tee ball game for our players.



Any questions please, contact Dan Bossio at 609-585-4280
ext 112 or email dbossio@cyomercer.org
Please return bottom portion with payment in full to :
Yardville CYO Attn: Dan Bossio
453 Yardville Allentown Road
Yardville, NJ 08620



**Due to current health
guidelines all players
must provide their
own bats, helmets &
gloves**

Child's Name: _____ Birth Date: _____
Parent's Name: _____
Address: _____
Contact #: _____
**Email: _____
Pay By : Check Cash Credit Card (\$40.00 registration fee)
Credit Card #: _____ Exp. _____

MERCER COUNTY CYO

Permission to Participate

I give permission for my child _____ to participate in CYO Athletics.

Parent's or Guardian's Signature _____

Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Parent or Guardian's Signature _____

Acknowledgement of Risk/Waiver and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognized that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expensed incurred as a result in my child's participation in CYO Athletics. I agree to: (A) waive and relinquish; (B) fully release and discharge; and (C) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent or Guardian's Signature _____

Photo/Video Release

I give ___/do not give ___ the CYO permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website, facebook, etc...

Signature _____ Date _____

PARENT / EMERGENCY CONTACT INFORMATION

Mother / Guardian's Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

E-mail Address: _____

Father / Guardian's Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

E-mail Address: _____

In case we are unable to reach you, please give us two emergency contacts:

Emergency Contact Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____