

**2010 I.S.T. BASEBALL HEADQUARTERS- Westport Little League
WINTER CLINIC REGISTRATION FORM**

PLEASE FILL IN BELOW AND KEEP THE PROGRAM PORTION FOR YOUR RECORDS

**Make checks payable to I.S.T. and send to I.S.T. Baseball, 25 Van Zant St. Unit 3B Norwalk, CT. 06855
Contact: Glenn Katz: istkatz22@yahoo.com with program questions**

**Programs are not pro-rated due to missed sessions. Program is Non-refundable after start of program.
Player must register for Westport Little League to be eligible to participate in winter clinics**

NAME OF PARTICIPANT _____

ADDRESS _____ HOME PHONE _____

HOME E-MAIL ADDRESS _____

ANY ALLERGIES _____ SPECIAL NEEDS/ACCOMODATIONS _____

GRADE AS OF SEPT 09 _____ AGE AS OF DEC 31/09 _____

EMERGNCY CONTACT _____ PHONE _____
(other than parent, guardian)

PROGRAM

PROGRAM CODE

PROGRAM FEE

FOR OFFICE USE ONLY

APPLICATION NOT VALID UNLESS SIGNED BY PARENT, GUARDIAN OR ADULT PARTICIPANT I am aware of the nature of the above activity and I hereby assume responsibility for the above-named person to participate. I will not hold the Town of Westport, I.S.T. Baseball Headquarters, Westport Little League and/or its' employees, agents or volunteers responsible in case of accident or injury as a result of this participation.

Unless indicated hereafter, I.S.T. Baseball Headquarters may use photographs including the above-named participant for promotional purposes. NO _____

TOTAL PAYMENT _____

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT _____