



Diamond Sports Training
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 Sterling, VA 20166
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 www.DiamondSportsTraining.com

**Baseball Clinic Registration Form
 Spring Training 2010**

Our Spring Training clinics run for 4 weeks and are designed to get players ready for the start of the season. With the uncertainty of the weather and field conditions, practice time is always extremely limited. Come to DST to get ready to play!

<u>Age</u>	<u>Clinic</u>	<u>Day</u>	<u>Time</u>	<u>Cost</u>	<u>Dates</u>
5-6	Overall Skills	Wednesday	5 - 5:30 PM	\$70	Mar. 3, 10, 17, 24
7-9	Pitchers	Sunday	Noon - 1 PM	\$135	Feb 28, Mar. 7, 14, 21
	Catchers	Sunday	10 - 11 AM	\$135	Feb 28, Mar. 7, 14, 21
	Infield / Outfield	Wednesday	6 - 7 PM	\$135	Mar. 3, 10, 17, 24
	Hitting	Sunday	11 AM - Noon	\$135	Feb 28, Mar. 7, 14, 21
	Hitting	Tuesday	5 - 6 PM	\$135	Mar. 2, 9, 16, 23
10-12	Pitchers	Sunday	1 - 2 PM	\$135	Feb 28, Mar. 7, 14, 21
	Catchers	Sunday	11 AM - Noon	\$135	Feb 28, Mar. 7, 14, 21
	Infield / Outfield	Wednesday	7 - 8 PM	\$135	Mar. 3, 10, 17, 24
	Hitting	Sunday	Noon - 1 PM	\$135	Feb 28, Mar. 7, 14, 21
	Hitting	Thursday	5 - 6 PM	\$135	Mar. 4, 11, 18, 25
13-15	Pitchers	Sunday	2 - 3 PM	\$135	Feb 28, Mar. 7, 14, 21
	Infield / Outfield	Wednesday	8 - 9 PM	\$135	Mar. 3, 10, 17, 24
	Hitting	Sunday	1 - 2 PM	\$135	Feb 28, Mar. 7, 14, 21

**All clinics will have a maximum of 4 players. We cannot do make-ups for missed clinics.
 If signing up more than one child or for multiple clinics, receive a 10% discount.**

Total Amount Due: \$ _____

Payment Method: Cash Check (Payable to DST) # _____ Visa Mastercard Discover
 Credit Card # _____ Exp. Date _____
 Cardholder's Name _____ Security Code _____

Player Name (Last, First)	Birthdate	M/F	Allergies/Health Concerns
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_____	_____	_____	_____
_____	_____	_____	_____

Mother/Guardian (last, first): _____ Father/Guardian (last, first): _____

Address: _____ Address: _____

Phone: (h) _____ Phone: (h) _____

(w) _____ (w) _____

(c) _____ (c) _____

e-Mail(s): _____ e-Mail(s): _____

Add to e-Mailing List? _____ Add to e-Mailing List? _____

Emergency Contact: _____ Phone # (during activity hours): _____

Health Insurance Company/Policy Number: _____

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am representing that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Signature (signed by Parent if under 18): _____ Date: _____

Printed Name: _____

My Child(ren)'s name or image may appear in Diamond Sports Training promotional materials:	Yes	No
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