

Complete Game Baseball Clinic

APPLICATION

1. Week of:

2. Name:

3. Address (& Zip Code):

4. Emergency # (Name & #):

5. Email:

6. Age

7. Allergies

8. Insurance Co. & Policy #

No refunds due to weather. We will make every effort to conduct camp as planned. **For more info: Contact Joe Belmosto, Clinic Director, CompleteGameClinic@gmail.com or visit CompleteGameClinic.com**

TUITION

\$250 for five days of instruction

\$25 off each additional family member

Make Checks Payable to "Complete Game"

***NEW* Junior Rams FUNDamentals (ages 5-7)**

\$225

REGISTRATION

To register, please complete and return:

a.) attached registration form with signed waiver,

b.) up-to-date physical & c.) full payment to: Joe

Belmosto

56 Pilgrim Trail

Marshfield, MA 02050

(or)

Online payment through CompleteGameClinic.com

TYPICAL DAY BREAKDOWN

9:00-9:30 Warm-up, stretch, attendance

9:30-10:30 Individual skill work

10:30-11:30 Drills and Teamwork

11:30-12:30 Lunch and Special Event

12:30-2:00 Game and Baserunning Drills

WHAT TO BRING

Lunch, Drinks, Cleats, Glove, Hat, Sunscreen

WAIVER

As parent/guardian of the applicant, I hereby give permission for my child to participate in the Complete Game Clinic and agree to comply with all program regulations and hereby discharge coaches, clinic site, staff and management from any liability for injuries incurred while participating in this program. (Clinic director is properly CPR, First Aid, and Heads Up - Concussion Certified.)

I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

Furthermore, I confirm the applicant is in good health and able to take part in the physical activities associated with the baseball clinic. I give full permission to Complete Game Staff to administer appropriate medical attention and/or make necessary medical decisions in the absence of, or inability to get in contact with the applicant's emergency contact. By signing, I consent to the release of photos that could be released to media and the Complete Game Clinic website.

X _____

Signature

Date

ease Print Name