

Cotuit Kettleers Advanced Baseball Clinics 2008 - Enrollment Form

For boys and girls ages 11-13 and 14-16

Please print the form, complete ALL sections, and mail with payment of \$130.00 made payable to the Cotuit Athletic Association to:

Kettleers Baseball Clinics, P.O. Box 443, Cotuit, MA 02635

PLEASE PRINT CLEARLY

Child's First Name: _____ Last Name: _____ T shirt Size _____

Child's DOB: _____ (must be age 11 by 6/1/08 and no older than 16 as of 7/1/08)

Parent's/Guardian's First Name: _____ Last: _____

Parent's/Guardian's PERMANENT Mailing Address: _____

City _____ State _____ Zip _____ Telephone: _____

Parent's/Guardian's LOCAL Summer Address: _____

City/Town _____ Emergency Telephone (during clinic hours): _____

Has your child attended advanced clinic before? _____ Years: _____

Credit Card Payments: Card Number _____ Exp. Date _____

MC _____ Visa _____ Name of Cardholder: _____

E-Mail Address: _____

2008 Advanced Clinic Sessions located at Elizabeth Lowell Park
10 Lowell Avenue, Cotuit, MA
Monday through Friday, 9:00 – Noon

Week 3: July 7-July 11 _____

Week 4: July 14-July 18 _____

Please enclose a non-refundable check for \$130 per child for each session requested. APPLICATIONS WILL NOT BE ACCEPTED AT THE CLINIC SITES. Checks should be made payable to: COTUIT ATHLETIC ASSOCIATION. Please indicate a second choice in the event your first choice is not available. A waiting list will be maintained when sessions are full. Spaces will be allocated on a first come, first served basis as they become available. Payments will be returned to waiting list applicants who are not placed in a session. We make every effort to accommodate all interested children. Confirmations of enrollment, as well as clinic policies and procedures, will be sent to all applicants. It is understood that the Town of Barnstable, its School Department, its Recreation Department, the Cotuit Athletic Association, or their agents, assume no liability for accidental injury. All fees submitted are nonrefundable.

Parent/Guardian Signature: _____

Date: _____

Medical carrier and policy #: _____

Questions regarding policies and procedures may be directed to Stacy Wardwell (508) 428-2847, clinics@kettleers.org