

2008 Cotuit Kettleers Youth Baseball Clinic - Enrollment Form

For boys and girls ages 6-12, Monday thru Friday, 9:00 a.m. to 11:45 a.m.

(please print the form, complete ALL sections, and mail with payment to:

Cotuit Athletic Association, Box 443 Cotuit, MA 02635)

PLEASE PRINT CLEARLY

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

Child's DOB: _____ (must be age 6 by 6/1/08 and no older than 12 as of 9/1/08)

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/Zip _____ Telephone (during clinic hours): _____

Has your child attended clinic before? _____ If not, how did you hear about the program? _____

E-Mail Address: _____ Cell Phone: _____

Youth Clinic fee enclosed: \$85.00 Check #: _____

Credit Card Payments: Card Number _____ Exp. Date: _____

MC ___ Visa ___ Name of Cardholder: _____

Please mark requested session(s) -- multiple sessions and locations are permitted.

X=first choice S=second choice

Session 1: 6/23 - 6/27 ___ Cotuit ___ Centerville	Session 4 7/14 - 7/18 ___ Cotuit ___ Centerville
Session 2: 6/30 - 7/4* ___ Cotuit ___ Centerville	Session 5: 7/21 - 7/25 ___ Cotuit ___ Centerville
Session 3: 7/7 - 7/11 ___ Cotuit ___ Centerville	Session 6: 7/28 - 8/1 ___ Cotuit ___ Centerville

**Session 2 – clinic will not meet on July 4, 2008*

Please enclose a non-refundable check for \$85 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 are non-refundable.

Parent/Guardian Signature: _____

Date: _____

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