



WEST ORANGE PAL FREE WINTER BASEBALL CLINICS

DATES: JANUARY 7, 21, 28

TIMES: AGES 6 - 10: 6-7:30PM • AGES 11 - 14: 7:30-9PM

LOCATION: WEST ORANGE HIGH SCHOOL TARNOFF (NEW) GYM

COMPLETE AND BRING WITH YOU TO THE FIRST SESSION

WO PAL CONSENT & WAIVER FORM: WINTER BASEBALL CLINICS

Child's Name: _____ DOB: ____/____/____

School Child Attends: _____ GRADE: _____

Address: _____

Parent #1: _____ Work/Cell Phone: _____

Best Email: _____

Parent #2: _____ Work/Cell Phone: _____

Best Email: _____

Emergency Contact Name: _____ Best Phone#: _____

I give my permission for my child to participate in the WO PAL program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange PAL, WO Board of Ed, the Township of WO, their organizations, servants, officers, volunteer affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result in participation in the above designated program. In the event of illness or injury to the applicant, I grant program staff permission to provide emergency medical care.

PARENT/GUARDIAN SIGNATURE: X _____ DATE: ____/____/____