

Mt. Airy Baseball

Winter Instruction 2022

Player's name: _____ Age on April 30, 2022: _____ Date of birth: _____

Address: _____ Telephone number: _____

E-mail address: _____

AA/AAA 7-9 years old: Each session includes three 90 minute classes.

Please enroll my child in the following Mt. Airy Baseball Individual Sessions at \$30.00 per session

Session I	_____ January Hitting:	Mondays	Jan 3, 10, 17	6:00 p.m. - 7:30 p.m.	= \$ _____
Session II	_____ January Pitching:	Mondays	Jan 24, Jan 31, Feb 7	6:00 p.m. - 7:30 p.m.	= \$ _____
Session III	_____ February Hitting:	Mondays	February 14, 21, Feb 28	6:00 p.m. - 7:30 p.m.	= \$ _____

Total: = \$ _____

AAA/Majors 10-12 years old: Each session includes three 90 minute classes

Please enroll my child in the following Mt. Airy Baseball Individual Sessions at \$30.00 per session

Session IV	_____ January Hitting:	Wednesdays	Jan 5, 12, 19	6:00 p.m. - 7:30 p.m.	= \$ _____
Session V	_____ February Pitching:	Wednesdays	Jan 26, Feb 2, Feb 9	6:00 p.m. - 7:30 p.m.	= \$ _____
Session VI	_____ February Hitting:	Wednesdays,	February 16, 23, Mar 2	6:00 p.m. - 7:30 p.m.	= \$ _____

Total: = \$ _____

The Clinics will be held in the St. Raymond's gym at 1350 Vernon Road, Philadelphia PA 19150.

You can **register on-line at mtairybaseball.org** or by mail using this form. When registering by mail, please make your check **payable to Mt. Airy Baseball**. Mail your registration form & check to: **Mt. Airy Baseball - 100 W. Mt. Pleasant Avenue - Philadelphia, PA. 19119**. Classes are limited to 12 participants. No one is turned away for inability to pay. For additional information, email us at mtairybaseball@yahoo.com

- I agree to hold Mt. Airy Baseball and its instructors, volunteers and St. Raymond's harmless for any injuries incurred in connection with Clinics.

Parent or Guardian Name (please print) : _____

Date: _____

Parent or Guardian signature: _____