

# Mount Kisco Recreation Commission

104 Main Street, Mount Kisco, NY 10549

In association with

## Mount Kisco Little League

# Winter Baseball Clinic

*This program is designed for development purposes and skill enhancement. Participants should bring their own glove. Clinic will include hitting, pitching, catching, throwing, fielding and base running.*

- All players 9 and 10 years of age and who are eligible to play in the Mount Kisco Little League (Eligibility requires that you are 10 years old by November 30, 2012 and reside in the 10549 zip code)

DAY: **Sundays**  
DATES: **Feb 12, 26, and March 3, 11, 18, 25 (no class Feb. 19)**  
TIME: **3:00 – 4:30pm**  
LOCATION: **Memorial Complex, Leonard Park**  
FEE: **\$25 (Make check payable to Mount Kisco Recreation)**

***Registration is available at the Department of Recreation or onsite February 11***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**General Release** the undersigned hereby releases the Village/Town of Mount Kisco its Village Board and Commission employees and volunteers thereof, of any responsibility should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Mount Kisco Recreation Commission. I understand the Recreation Commission may use photos taken during the events unless I notify them in writing.

**Parent Signature** (Parent or Guardian, if under 18) \_\_\_\_\_

*Office Use Only:* Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ RecTrac # \_\_\_\_\_