

# **2011 – 2012 RAIDER BASEBALL HITTING CLINIC**

**For:** Boys ages 7 – 15  
**When:** Sunday February 12<sup>th</sup> 2012 (1:00 – 4:00 p.m.)  
**Where:** Seneca Valley Intermediate High School  
**Instructors:** Seneca Valley High School Baseball Staff  
**Cost:** \$50.00  
**Registration due:** February 2<sup>nd</sup>, 2012

**Return registration form and fee of \$50.00 to Eric Semega @ the S.V.H.S. or send the registration form and fee to:**

**Eric Semega  
230 Adams Pointe Blvd, Suite #2  
Mars, PA 16046**

**Make checks payable to: Raider Baseball Camps**

**For information or questions:**

**Call Eric Semega @724 – 778 – 9869 or  
Email: [semegaes@svsd.net](mailto:semegaes@svsd.net)**

**\*\* This is not a school sponsored event**

**RAIDER BASEBALL**  
**2011 – 2012**  
**Winter Baseball Hitting Clinic**  
**Registration Form**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**T-shirt size:**    **XL**            **L**            **M**            **S**

**Insurance Waiver and Release from Liability**

**We, the undersigned parents/guardians agree that the Raider Baseball Clinic shall be in no way responsible for any injuries suffered during the camp. We hereby release the aforesaid of and from all liability for such injuries. This action is being taken in view of the fact that he or she is already covered by the following insurance company.**

**Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**In case of an emergency, I \_\_\_\_\_ give my consent to the hospital or physician to perform or administer emergency care and treatment to my son/daughter.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_