

Coach Mitchell's Advanced Coaching

A Benefit for CHPC Children's Ministries

Saturdays from January 7
through February 18, 2012

Agenda:

- ◆ Saturdays, January 7-21:
 - ◇ Pitchers
 - ◇ Catchers
- ◆ January 28, February 4
 - ◇ Bunting
 - ◇ Hitting
 - ◇ Base Running
- ◆ February 11: Recess
- ◆ Saturday, February 18:
 - ◇ Bunting
 - ◇ Hitting
 - ◇ Base Running

2:00-4:00 pm

At CHPC in Fellowship Hall

Pre-Season Advanced Baseball Training 2012 for Kids age 9 - 15 years

Cost: \$25 / player, \$50 / Family

Bring your own equipment
excluding balls

Head Coach C. E. Mitchell

National Champion Head Coach

Coach Mitchell : 513-385-3330

coach-mitchell@live.com

Send Registration and Payment to:

College Hill Presbyterian Church

Attention : Janis McLemore, Registrar

5742 Hamilton Ave.

Cincinnati, OH 45224

Questions? Call Maggie Smith @ 541-5676



Registration for

Coach Mitchell's Winter Advanced Baseball Coaching for Youth, 9—15 years old,

Saturdays: January 7—February 18 at College Hill Presbyterian Church in Fellowship Hall

OFFICE USE ONLY		
Date of Check	Check#	Date Entered

Please return completed forms and checks made payable to College Hill Presbyterian Church by **January 5**. Only Registered Players Are Permitted to Participate. Mail to: Janis McLemore, Registrar, CHPC, 5742 Hamilton Avenue, Cincinnati, OH 45224-2999 Ph# 513-541-5676 ~ Fax# 513-541-1575.

Please use a separate registration form for each player. Additional forms available at CHPC Information Racks, the Family Life for Children Office or at www.chpc.org. If the Lord leads you to provide or if you would like to apply for a scholarship please contact Maggie Smith @ 541-5676, ext. 112 or msmith@chpc.org

Baseball Player Information:

Last Name _____ First Name _____ Home Phone# _____
Address _____ City _____ State/ZIP _____
Date of Birth _____ Age ____ Sex: Male Female (Circle one) Grade Entering in Fall (2—8) _____
Cell Phone# _____ Work Phone # _____ Email: _____

Health Information

Parent's Statement:

My child has the following special conditions (circle if applies): Asthma, Allergies . List Others. Include surgeries or other information we may need to know about

Medications taken on a regular basis :

Date of Last Tetanus Shot _____

Parent/Guardian emergency Phone Number: _____

Emergency contact other than parent: _____ Phone No. _____

Primary Care Physician: _____ Phone No. _____

Insurance Carrier _____ Policy Number _____

Mailing Address: _____

Dentist _____ Phone Number _____

Insurance Carrier _____ Policy Number _____

Subscriber's Name: _____

Authorization to consent to treatment of a minor: I give permission for the above named baseball player to take full and active part in the program he/she is registered for and to receive medical treatment in case of an accident which may occur while he/she is registered at the camp. In the case of an emergency, I hereby give my permission for the physician/hospital selected to secure proper treatment for my child.

This form will NOT be accepted without a legal signature.

Parent or Guardian's Name (Printed): _____

Signature _____ Date _____

Release from Liability Agreement: In consideration of, and in recognition of the inherent risks of activities at Coach Mitchell's Baseball Training Camp and College Hill Presbyterian Church, I hereby release and agree not to sue CHPC for any claims or demands, obligations and/or causes of action of any nature whatsoever on account of any personal injury, property damage, death or accident of any kind arising out of or in any way connected with CHPC facilities or programs.

Signature (Parent or Guardian): _____ Date: _____

Not responsible for lost or stolen items. I understand that my child's picture may be used for promotional purposes. I understand that if my child fails to follow Coach Mitchell's Baseball Training Camp rules, he will be asked to leave with no refund of money.

Signature (Parent or Guardian): _____ Date: _____

CHPC - Phone# (513) 541-5676, Fax# (513) 541-1575.