

# Clinic Information

## FUNDAMENTALS PLUS

In addition to the basic 4 fundamentals, our program will cover Baserunning, Bunting and other skills of the game.

## WHAT TO BRING

- glove and sneakers or athletic shoes
- favorite bat (bats are available at clinic)
- water bottle (can be refilled at clinic)

## MISCELLANEOUS

- 4 Days - Monday to Thursday
- Friday - Rain Make-Up Day
- Clinic Canceled Because Of Rain
- > Posted On Website At 7:30 AM
- > Or Call (781) 721-2361

## COST

- \$160 for first week
- \$125 per week for an additional week
- \$125 per week for additional family members

ENCLOSE TOTAL PAYMENT OR DEPOSIT OF \$100 WITH APPLICATION. THE BALANCE SHOULD BE SENT 2 WEEKS PRIOR TO THE START OF THE CLINIC. MAKE CHECKS PAYABLE TO:

**MIDDLESEX SPORTS, INC.**  
c/o Joe DiSarcina, Director  
3 Wagon Wheel Road  
Winchester, MA 01890

YOUR APPLICATION AND DEPOSIT RESERVE A PLACE AT CLINIC. YOU WILL BE NOTIFIED ONLY IF THE CLINIC IS FULL.

**CLINIC HOURS**  
9:00 AM- 12:30 PM

## APPLICATION

July 11 - 14

July 25 - 28

Clinic Hat \$15

Name: \_\_\_\_\_ Grade as of Sept 2011: \_\_\_\_\_ School Attending: \_\_\_\_\_

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

Home Telephone: ( ) \_\_\_\_\_ In Emergency Notify: \_\_\_\_\_ at ( ) \_\_\_\_\_

Age as of 7/1-2011 \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

CLINIC-T-SHIRT (CIRCLE SIZE) [ADULT] S - M - L - XL [YOUTH] M - L

How did you *first* hear about our clinic:  Internet Search  Player Referral  Newspaper  
Other: \_\_\_\_\_

## MEDICAL RELEASE FORM

Players Name: \_\_\_\_\_

Conditions Medical staff Should Be Aware of: \_\_\_\_\_

Allergies \_\_\_\_\_

• I hereby authorize any medical treatment which may be advised or recommended by the attending clinic sports medicine trainers.

• **Insurance Coverage** for accidental injury is required by all participants. In most instances, your family health plan is adequate.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

It is understood that accidental injury may result from clinic participation. I hereby release Middlesex Sports, Inc., including administrators and instructors from any and all claims, liability, loss, cost and damage which might arise from my child's participations in the Middlesex Baseball Clinic.

Parent's/Guardian's Signature: \_\_\_\_\_

## REGISTRATION

REGISTRATION IS NOT COMPLETE UNTIL THE FOLLOWING IS SUBMITTED

- Signature on Medical Release Form
- Application
- Medical Release with Parent/Guardian Signature
- Most Recent Physical and Immunization Record
- Appropriate Payment



**MIDDLESEX BASEBALL CLINIC  
PHYSICAL/IMMUNIZATION FORM**



**PHYSICAL EXAM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above patient was examined on \_\_\_\_\_  
The patient's health history and immunization records were reviewed.

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: Left \_\_\_\_\_ Right \_\_\_\_\_ Color \_\_\_\_\_ Postural Screen \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Chronic Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Medications/Treatments: \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

**I SEE NO REASON(S) TO RESTRICT FULL PARTICIPATION IN CLINIC ACTIVITIES.**

Physician's Name (Printed): \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS: I CERTIFY THAT MY CHILD HAS NOT INCURRED ANY SIGNIFICANT HEALTH PROBLEM(S) SINCE THE DATE OF THE ABOVE PHYSICAL EXAM.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMUNIZATION RECORD WITH MONTH/YEAR OF ADMINISTRATION**

DPT/DTaP/DT	OPV/IPV	HIB	Hept B	LEAD Date/Result
	MMR	Varivax	Influenza Vacc	TB Risk Screen
Td				
Other Immunizations		Chicken Pox		

**MANDATORY PHYSICAL EXAM & IMMUNIZATION**

Pre-registration WILL NOT be complete until all Middlesex Baseball Players submit a copy of their most recent physical exam and immunization records to our office with your application, or as soon as possible thereafter. In order to participate at the clinic, this physical must have taken place within the last two years. Players may utilize this Middlesex Clinic Physical Form, or a comparable form received from their physician's office.