

## 2011 UCONN BASEBALL Youth Clinic Registration Form

Please fill out the form below and e-mail it to:  
[philip.dwire@uconn.edu](mailto:philip.dwire@uconn.edu)

Or fax it to:  
ATTN: Phil Dwire  
860-486-3831

DATE	OPPONENT	CLINIC TIME	GAME TIME	CLINIC DESIRED	# OF PARTICIPANTS
<b>APRIL</b>					
<b>Sun. 3</b>	St. John's	10:30am	Noon		
<b>Sat. 23</b>	Rutgers	11:30am	1:00 pm		
<b>MAY</b>					
<b>Sat. 14</b>	Louisville	11:30am	1:00 pm		
<b>Sun. 15</b>	Louisville	10:30am	Noon		

Please check the game(s) that you would like to attend a pre-game clinic with the Huskies. Once your clinic date has been confirmed, all players must fill out the enclosed consent form. If you have any questions, please contact Phil Dwire at [philip.dwire@uconn.edu](mailto:philip.dwire@uconn.edu).

Contact: \_\_\_\_\_

Team Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**2011 UCONN BASEBALL – YOUTH BASEBALL CLINICS  
ASSUMPTION OF RISK FORM**

***You must read this before you sign below:***

In registering as a participant in and in consideration of being permitted by the University of Connecticut to participate in the “**Youth Clinic**” (hereinafter referred to as "Clinic").

I voluntarily agree to assume all risk of participation in these activities. Moreover, the participant hereby agrees to hold harmless the State, its officers and its employees from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney’s fees, costs and expenses of whatsoever kind or nature arising out of or resulting from or in connection with participation of this Clinic. I have full knowledge of the risks involved in this activity, and I am physically fit and sufficiently informed to participate. I fully state that I am personally responsible for all risks of injury and damage to person or property in any way arising out of my participation in these activities. In addition, the participant grants permission to the University of Connecticut to photograph and/or videotape him/her in connection with this event, and thereafter to use the photographs, videos, or likenesses in whole or in part in conjunction with the marketing, promotion, report of this event or like events in the future; including but not limited to web-based, print, video, electronic, or social media; including but not limited to UConn.edu, UConnHuskies.com, and UConn Country on Facebook. By signing this document I hereby state that I am not a current High School student, varsity college athlete.

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Participant Name

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Address (Street, City, Zip)

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Primary Phone

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Email Address

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Participant Signature

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Date

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Signature of Guardian (if under 18)

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Date