



## Youth Baseball/Softball Coaches Clinic

Designed specifically for PreK - 3rd grade coaches taught by Kansas City Sports Club staff.

Cover fundamentals including hitting, pitching and throwing.

Learn to manage a beginner practice.



Call 913.685.6030 now or register online at [www.bluevalleyrec.org](http://www.bluevalleyrec.org)

162001-01 T 5/1 6:30-8:00pm RC field #2 \$10

*Enriching lives, strengthening a spirit of community*

9701 W. 137th St. | [www.bluevalleyrec.org](http://www.bluevalleyrec.org) | 913.685.6030



## Youth Baseball/Softball Coaches Clinic

Designed specifically for PreK - 3rd grade coaches taught by Kansas City Sports Club staff.

Cover fundamentals including hitting, pitching and throwing.

Learn to manage a beginner practice.



Call 913.685.6030 now or register online at [www.bluevalleyrec.org](http://www.bluevalleyrec.org)

162001-01 T 5/1 6:30-8:00pm RC field #2 \$10

*Enriching lives, strengthening a spirit of community*

9701 W. 137th St. | [www.bluevalleyrec.org](http://www.bluevalleyrec.org) | 913.685.6030

Payee Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Blue Valley Resident:  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Payment Information**

Check  Cash Total Enclosed \$ \_\_\_\_\_ Make checks payable to *Blue Valley Recreation*

MasterCard  Visa  Discover  Amex Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # (code on back of card) \_\_\_\_\_

**Class Registration - Please Print**

Code	Participant's Name	Birth Date	Activity Name	Start Date	Days	Time	Fee
162001-01			BB/SB Coaches Clinic	5/1/12	Tuesday	6:30	\$10

The BVRC prohibits illegal discrimination and is complying with the Americans with Disabilities Act. For public inquiries regarding the non-discrimination policies, including any request for accommodation under the ADA or any grievance, please contact: Administration Manager, 913.685.6000 at Blue Valley Recreation Commissioner, 6545 W. 151st Street, Overland Park, KS 66223. The Kansas Relay Service may be contacted at 800.766.3777..

I understand that the program in which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that Blue Valley Recreation Commission and Blue Valley School District representatives and employees shall not be held responsible for any illness or injury to person or damage to property resulting from participating in a Blue Valley Recreation Commission program. I further grant permission for Blue Valley Recreation Commission to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from the date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering a program.

Please specifically list any allergies: \_\_\_\_\_

Parent/Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Payee Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Blue Valley Resident:  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Payment Information**

Check  Cash Total Enclosed \$ \_\_\_\_\_ Make checks payable to *Blue Valley Recreation*

MasterCard  Visa  Discover  Amex Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # (code on back of card) \_\_\_\_\_

**Class Registration - Please Print**

Code	Participant's Name	Birth Date	Activity Name	Start Date	Days	Time	Fee
162001-01			BB/SB Coaches Clinic	5/1/12	Tuesday	6:30	\$10

The BVRC prohibits illegal discrimination and is complying with the Americans with Disabilities Act. For public inquiries regarding the non-discrimination policies, including any request for accommodation under the ADA or any grievance, please contact: Administration Manager, 913.685.6000 at Blue Valley Recreation Commissioner, 6545 W. 151st Street, Overland Park, KS 66223. The Kansas Relay Service may be contacted at 800.766.3777..

I understand that the program in which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that Blue Valley Recreation Commission and Blue Valley School District representatives and employees shall not be held responsible for any illness or injury to person or damage to property resulting from participating in a Blue Valley Recreation Commission program. I further grant permission for Blue Valley Recreation Commission to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from the date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering a program.

Please specifically list any allergies: \_\_\_\_\_

Parent/Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_