



**WHAT TO BRING:** Participants should bring a glove, bat (if possible), and cleats/tennis shoes. Baseball workout attire is encouraged.

**WHEN/WHERE TO ARRIVE:** Participants should arrive at Hill-Murray's varsity baseball field 15 minutes prior to the start of the clinic.

**REGISTRATION: Each Session has a maximum number of players that can participate:**

- **Pitching Session:** available to the first **30** registered participants
- **Hitting/Fielding/Throwing Session:** available to the first **50** registered participants

**PLEASE MAKE CHECKS PAYABLE TO:**

**Charlie Cicalello  
1458 James Ave  
St. Paul, MN 55105**

**\*\*SORRY NO REFUNDS ONCE THE CLINIC BEGINS\*\***

**QUESTIONS:** Please contact Hill-Murray's Baseball Coaching Staff member Charlie Cicalello at (651) 491-9583

**Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

City/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***---PLEASE PLACE AN X NEXT TO YOUR SELECTED CLINIC---***

**(\$150) \_\_\_\_\_ 4-Day Pitching Session**

**(\$150) \_\_\_\_\_ 4-Day Hitting/Fielding/Throwing Session**

**(\$225) \_\_\_\_\_ BOTH- Pitching Session AND Hitting/Fielding/Throwing Session**

I give my permission for \_\_\_\_\_ to participate in Hill-Murray's Summer Baseball Clinic. He is healthy and under no physical restrictions. I/we know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold Hill-Murray, Bill Lechner, Charlie Cicalello, instructors, participants, and persons transporting my/our child to and from activities harmless for any claim arising out of injury/ies to my/our child whether the result of negligence or for any other cause.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_