

*Scarlet Knights  
Fourth Annual Winter Baseball Clinic  
At  
North Andover High School  
March 9, 10, & 11  
6:30-8:30 in the Field House  
Grades 4-8 Welcome*



North Andover High School Baseball  
2008 & 2009  
Cape Ann League Champions  
2009  
Division 2 North Sectional Champions

For Information Contact  
Head Coach Todd Dulin  
[dulint@northandover.k12.ma.us](mailto:dulint@northandover.k12.ma.us)

Fourth Annual Scarlet Knights Winter Baseball Clinic  
Registration / Waiver Form  
\*must be completed by each player

Name of Athlete: \_\_\_\_\_

Grade (2009-2010): \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medical Condition or Allergies to be aware of: \_\_\_\_\_

I authorize the program directors and staff to act for me in an emergency requiring medical attention. I understand that I am responsible for all hospital, lab, and doctor's fees. My child is physically fit to participate in vigorous physical activity, and I further understand neither the North Andover School District nor anyone associated with the baseball program will be held responsible for accidents or illness.

Athletes Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Dates: March 9, 10, & 11.

Location: North Andover High School Field House

Cost: \$50

Time: 6:30-8:30

Grades: 4<sup>th</sup>-8<sup>th</sup>

Checks payable to: Town of North Andover

Return to: Community Programs  
1600 Osgood Landing Suite 3-59  
North Andover, MA 01845  
978-794-3080

Head Coach: Todd Dulin e-mail: [dulint@northandover.k12.ma.us](mailto:dulint@northandover.k12.ma.us)

