

YOUTH PITCHING CLINIC

Date:	Mar 5 th , 2012
Location:	The Clubhouse (South) 8817 Pleasantwood Ave. NW N. Canton, OH 44720
Time:	6PM-8PM
Ages:	14u and Under
Price:	\$30/athlete <i>prior to 2/20</i> or \$50/athlete <i>after 2/20</i>

We will go over proper throwing mechanics and proper band work. We will also be having a competitive bullpen to finish the night.

For more information please contact:

Phone: (866) 219 – 0797

Email: events@aathletes.com

Visit – aathletes.com for additional details.

REGISTRATION FORM
Player Information and Profile

<i>Last Name</i>	<i>First Name</i>	<i>Email</i>		
<i>Address</i>				<i>Apt/Suite</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date of Birth</i>	
<i>Phone (Home)</i>	<i>Phone (Mobile)</i>			

Parental Info (Parent #1)

<i>Last Name</i>	<i>First Name</i>	<i>Email</i>		
<i>Phone</i>	<i>Relationship to Athlete</i>			

Parental Info (Parent #2)

<i>Last Name</i>	<i>First Name</i>	<i>Email</i>		
<i>Phone</i>	<i>Relationship to Athlete</i>			

Academic Information

<i>School</i>	<i>Grad Yr</i>	<i>GPA</i>	<i>SAT</i>	<i>ACT</i>
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Athletic Information

<i>Positions</i>	<i>Height</i>	<i>Weight</i>	<i>Throw</i>	<i>Bat</i>
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The above information is true and accurate to the best of my knowledge. I agree to allow Aspiring Athletes to use this information for internal company purposes related to the betterment of my athlete's training and development as related to any products or services being rendered. I also authorize Aspiring Athletes to use any of the contact information provided above (email, phone, mail, etc.) to contact any of the named persons above for purposes related to current services being rendered or other services for the purpose of pursuing new business opportunities with persons named above.

Parent/Guardian Signature	Date
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