



Baseball NZ's 2010 Youth Baseball Clinics

Week 1: Mon 04 January – Fri 08 January **Auckland only**
Week 2: Mon 11 January – Fri 15 January **Auckland only**
Week 3: Mon 18 January – Fri 22 January **Auckland only**
Week 4: Mon 25 January – Fri 29 January **Auckland & Northland**

Athlete(s) Details

Name:	<input type="text"/>	Club:	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname:	<input type="text"/>	School:	<input type="text"/>	Medical Conditions:	<input type="text"/>
First Name:	<input type="text"/>	Club:	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname:	<input type="text"/>	School:	<input type="text"/>	Medical Conditions:	<input type="text"/>
First Name:	<input type="text"/>	Club:	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname:	<input type="text"/>	School:	<input type="text"/>	Medical Conditions:	<input type="text"/>
Parent Name:	<input type="text"/>				
Home Address:	<input type="text"/>				
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>		
E-mail:	<input type="text"/>				

Parent/Caregiver Consent:

I affirm that the information provided above is correct and grant permission for the player listed above to attend the BNZ Fall Programme.

I give my consent for any First Aid to be administered in the event of an injury to my child, and for the instructors to seek medical help if necessary.

Permission for emergency care: YES or NO

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>

Signed: _____ Date: _____

Payment in FULL – please select appropriately

Auckland

Northland

Clinic	Number Attending	Fee	Sub-Total
Week 1 (Auckland)		\$75 if paid before 1 st Jan / \$85 after 1 st Jan	
Week 2 (Auckland)		\$75 if paid before 1 st Jan / \$85 after 1 st Jan	
Week 3 (Auckland)		\$75 if paid before 1 st Jan / \$85 after 1 st Jan	
Week 4 (Auckland)		\$75 if paid before 1 st Jan / \$85 after 1 st Jan	
Week 4 (Northland)		\$75 if paid before 1 st Jan / \$85 after 1 st Jan	
		Concessions:	
		• All 4 weeks subtract \$35 pre 1 st Jan \$15 post 1 st Jan	
		TOTAL:	

Baseball NZ Bank A/c details for easy online payment: 12-3069-0189140-00

Please include abbreviated info with family name & "SC10" as reference

"SC10" denotes Summer Clinics 2010. E.g. "JBLOG SC10" under reference

OFFICE USE ONLY:

Paid YES/NO Amount NZ \$..... Method CASH/CHQ/ONLINE Payment Date .../.../...
 Comments