

**2010 GRAND SLAM U.S.A.  
FALL SKILLS CLINIC REGISTRATION FORM**

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_  
Medical Insurance Information: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Circle T-Shirt Size: Youth: L Adult: S M L XL

Age Group (Age for 2011 season)

\_\_\_\_\_ 10-12 year olds

\_\_\_\_\_ 13-14 year olds

**\*\*Sign up as a team and get a  
20% discount.  
(Minimum of nine players)**

**METHOD OF PAYMENT**

Payment due at time of registration. Cost is \$125.00 and \$100.00 for each additional family member.

Check: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

RELEASE: I HEARBY AUTHORIZE THE STAFF OF THE GRAND SLAM U.S.A. FALL CLINICS TO ACT FOR ME ACCORDINGLY IN ANY EMERGENCY MEDICAL SITUATION. I HEREBY WAIVE AND RELEASE THE CLINICS AND GRAND SLAM U.S.A. FROM ANY AND ALL LIABILITY FOR ANY INJURY OR ILLNESS SUSTAINED WHILE ATTENDING THE CLINICS. I ALSO UNDERSTAND GRAND SLAM U.S.A. RETAINS ALL PHOTOGRAPHY RIGHTS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

GRAND SLAM U.S.A.  
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(515) 278-1070  
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