

**DeStefano Javelin Clinic**

**Bethel HS**

**March 26, 2023**

**Registration Form**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE# (h) \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

SCHOOL/CLUB \_\_\_\_\_

AGE \_\_\_\_\_ BEST THROW \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**WAIVER**

In case of injury or medical emergency, I hereby authorize DJTC to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive the clinic from all the emergency liability for injury or for illness incurred at the clinic.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's signature (if under 18)

\_\_\_\_\_ Date \_\_\_\_\_

**Registration Fee**

**\$200- Registration Fee**

**Application Deadline: March 26th, 2023**

**\$180-** per athlete for teams of 5 or more

Please make checks payable to:

**DeStefano Strength and Conditioning, LLC**

**Please complete and return to:**

**DeStefano Strength & Conditioning, LLC.**

**3318 Berlin Turnpike, Suite C**

**Newington, Connecticut 06111**

(Please print and fill out all sections)