

ECCHO Eagles Youth Baseball Clinic Registration Form

Saturday, December 20 | 9:00 AM – 12:00 PM
Lions Park, Waxahachie, Texas

Hosted by: Ellis County Christian Homeschool Organization (ECCHO) Eagles
Contact: Wendy Johnson | 469-732-6586 | ecchoeagles@eccho.us

Clinic Fee: \$40 per player
Optional Add-ons: Pizza Lunch (\$5) • T-Shirt (\$10)

Player Information

Player Name:	
Date of Birth:	
Age:	
Grade Level:	
Current Team (optional):	
T-Shirt Size (YS, YM, YL, AS, AM, AL):	
Positions Played / Interested In:	

Parent/Guardian Information

Parent/Guardian Name(s):	
Phone Number(s):	
Email Address:	
Mailing Address:	

Emergency Contact

Name:	
Relationship to Player:	
Phone Number(s):	

Medical Information

Allergies:	
Medical Conditions:	
Medications:	
Doctor's Name & Phone:	

Liability & Medical Release

I, the undersigned parent/guardian, hereby give permission for my child to participate in the ECCHO Eagles Youth Baseball Clinic. I understand that participation in sports carries inherent risks, and I release ECCHO, its coaches, and volunteers from any liability for injury or accident that may occur during participation. In the event of injury, I authorize clinic staff to obtain necessary medical care for my child if I cannot be reached, and I accept responsibility for any resulting medical expenses.

Parent/Guardian Signature: _____ Date: _____

Photo/Video Release

I grant permission for photos/videos of my child to be used for promotional or social media purposes by ECCHO and the ECCHO Eagles.

■ Yes ■ No Parent/Guardian Signature: _____

Player Conduct Agreement

I agree to respect coaches, teammates, and equipment, and to demonstrate good sportsmanship throughout the clinic.

Player Signature: _____

Payment Information

Clinic Fee (\$40):	■ Paid
Pizza Lunch (\$5):	■ Add
T-Shirt (\$10):	■ Add
Total Amount Paid:	
Payment Method (cash/check):	
Received By:	