



## **FOX CHAPEL HIGH SCHOOL BASEBALL PROGRAM 2018 YOUTH BASEBALL CLINIC**

**Who:** Open to Players in K – 6<sup>th</sup> Grade

**When:** Saturday, February 24, 2018, 9:00 a.m. – 12:00 p.m.

Saturday, March 3, 2018, 9:00 a.m. – 12:00 p.m.

**Where:** Fox Chapel High School Auxiliary Gym

**Cost:** \$60 for both sessions\*\* or \$40 for one session (\*\*\$50 for 2<sup>nd</sup> player from same family.)

*Check in will begin at 8:30 a.m. on both mornings.*

The Fox Chapel Area High School Baseball Clinic is designed to teach aspiring young baseball players the fundamentals of the game. This clinic is open to any K – 6<sup>th</sup> grader. All players will learn and practice proper techniques for throwing, catching, fielding, hitting, and base running. Each participant is asked to bring a bat, glove, helmet, and wear tennis shoes.

**The clinic will be run by Varsity Head Coach Jim Hastings, his staff, and Varsity players.**

Complete the attached form and mail it along with a check (payable to Fox Chapel Area Baseball Boosters) to: Renee Wagner, 201 Paul Drive, Cheswick, PA 15024

**Registration Deadline is February 10<sup>th</sup>, 2018.**

The clinic is limited to the first **60** participants. If you have any questions, please contact Renee Wagner at 412-551-0526. A confirming email will be sent to all registrants in advance of the clinic.

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Player Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

**Session:**      **February 24<sup>th</sup>**    **March 3<sup>rd</sup>**      **BOTH**

**T-SHIRT (Circle One)**    **YS**                      **YM**                      **YL**                      **YXL**

As the parent/guardian of \_\_\_\_\_, I hereby authorize the staff of the Fox Chapel Area High School Baseball program, to act for me according to their best judgment in any emergency requiring medical attention. I further assume the risk of accident or injuries from whatever cause in connection therewith, and release the Fox Chapel Area School District and their administration, coaches and employees from any and all liability for any such accident or liability from participating in the 2018 baseball clinic. I understand the above CHILD/PLAYER, assumes all of the risks associated with the activities in which he or she will be involved. I release all rights and claims for damages which the above CHILD/PLAYER or I may have against Fox Chapel Area School District, its administration, coaches, officials, teachers or representatives for injuries or damages that occur as a result of their participation. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CLINIC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_