



**FOX CHAPEL HIGH SCHOOL BASEBALL
2020 YOUTH BASEBALL CLINIC**

Who: Open to Players in K – 6th Grade

When: Saturday, February 29th, 9:30 a.m. – 12:00 p.m.

Saturday, March 7th, 9:30 a.m. – 12:00 p.m.

Where: Fox Chapel High School Auxiliary Gym

Cost: \$60 for both sessions or \$40 for one session (20% discount for multiple family members)

Check in will begin 30 minutes prior to the start of the clinic.

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 – 6th grader. **The clinic will focus on the aspects of throwing, pitching, catching, and hitting.** 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 and his coaching staff.

If you have any questions please contact Head Coach Jim Hastings at 412-580-1931 or at jamhastings@aol.com

A confirming email will be sent to all registrants in advance of the camp.

Player Name _____ Grade _____ School _____

Address _____ Email Address _____

Parent/Guardian Name _____ Phone _____

COST is \$60 (Both sessions) or \$40 (one session) – Pay in full. Payments accepted through PayPal.com at jamhastings@aol.com OR (Make checks payable to Jim Hastings) Send application to: Jim Hastings, 11 Crest Drive, Pittsburgh, PA 15215

Session: **February 29th** **March 7th** **BOTH**

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 2020 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: _____