



De Pere Baseball Youth Skills Clinic

The De Pere High School Baseball Coaching Staff and Varsity Players will run this clinic focusing on the fundamentals of baseball.

Sunday, April 25th, 2010 - Grades 3-8

Session 1: 12:30-2:00 Grades 3-5

Session II: 2:30-4:00 Grades 6-8

De Pere High School Gym

\$20 per athlete, includes a T-shirt

\$15.00 if you attended Coach Van Ren's Classroom Clinic

Participants should bring their own baseball glove and bat.

Mail in Registration forms by April 23rd.

Participant Name: _____

Address: _____ Phone : _____

Parent(s): _____ Email: _____

Attended Coach Van Ren's "Learn Baseball the DePere Way!" : Yes No

Please circle:

Session I Grade 3 Grade 4 Grade 5 Session II Grade 6 Grade 7 Grade 8

_____ Male _____ Female T-SHIRT SIZE (Youth): M L (Adult): S M L XL

Clinic Liability Waiver – We (I) the undersigned have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by our/my son/daughter _____, while participating in the clinic activities. We(I) further knowingly and voluntarily waive any and all claims against and forever release the clinic, its employees, De Peer Baseball Booster Club, and the Unified School District of De Pere.

My insurance carrier is _____

My policy number is _____

Our/my signature below will allow a coach or designated person to admit our/my son/daughter to a medical facility and/or to the care of a physician, if conditions warrant such action.

Parent or legal guardian signature _____ Date _____

I give my permission for the Booster Club to use my son/daughters photo on the web site/promotional items _____
initials

MAIL TO: Cindi Siebert
1373 Swan Rd
De Pere, WI 54115

Please make checks payable to De Pere Baseball Booster Club

QUESTIONS CONTACT Cindi Siebert 562-0450, thesieberts@ameritech.net