

# Baseball & Softball

# Clinic

**JULY 30 and 31, 2018**



**\$15- Pre-Register by Friday, July 20**

**\$20- Registering After July 20**

*\*Each player will receive a pool pass\**

## PLAYERS CLINIC

**Ages 5-9 8:00am-10:00am**

This two day clinic is designed to teach 5-9 year olds the fundamental skills of baseball and softball for upcoming seasons. Hitting, catching, throwing, and fielding will be key areas of focus.

**Ages 10-14 10:30am-12:30pm**

This two day clinic is designed to teach 10-14 year olds the fundamentals of baseball and softball and further improve specific skills.



1501 Branson Hills Pkwy,  
Branson, MO

417-335-2368 Fax-417-335-2368

### Baseball

Age as of May 1

\_\_\_\_\_ Ages 5-9

\_\_\_\_\_ Ages 10-14

### Softball

Age as of Jan 1

\_\_\_\_\_ Ages 5-9

\_\_\_\_\_ Ages 10-14



## Baseball and Softball Clinic 2018

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Are accommodations due to a disability needed to participate? Yes NO

If yes, please explain

I hereby waive, release, and forever discharge all claims against the City of Branson, its employees, volunteers, commissioners or agents for damages and/or injuries, which may arise from participation in the above named program. I hereby authorize any duly licensed physician, Emergency Medical Technician or medical facility to treat the above named person for injuries that may be received while participating in the program. I acknowledge that no warranty is being made as to the result of such treatment.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

For office use: Total Paid \_\_\_\_\_ cash check date \_\_\_\_\_ staff initials \_\_\_\_\_