



# Attention All Little Leaguers!!

**Conestoga High School Baseball Players want to help YOU get ready for 2013 season!**

Players and Coaches will conduct age appropriate training sessions on Hitting, Throwing, Catching and Fielding

**Date: Saturday, March 16**

**Time: 11:00 – 1:00 for ages 5 – 8 years old**

**Time: 2:00 – 4:00 for ages 9 – 12 years old**

**Place: Conestoga High School Gym**

Please arrive 15-30 minutes early; wear sneakers and bring your glove, bat, hat and helmet!

**Pre-Register by March 8<sup>th</sup> and receive a FREE Conestoga Baseball cinch-sack. Please visit [www.conestogabaseball.net](http://www.conestogabaseball.net) to download a registration form.**

**Cost is \$30 per player and \$55 for two siblings**

**Questions contact Kate Little @ 610.644.5063 / [klittle1224@verizon.net](mailto:klittle1224@verizon.net)**

**See you March 16!**

**BOYS BASEBALL CLINIC**  
*Sponsored and Organized by*  
**Conestoga High School Baseball Team And Booster Club**

**Saturday, March 16, 2013**

**Registration Form**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

**Release:**

My son, \_\_\_\_\_, is permitted to participate as a player in the boy's baseball clinic provided by the Conestoga High School Baseball Team. I do understand that any other personnel involved with this program are not responsible for any injuries or accidents that may occur before, during or after any activities associated with the clinic.

I hereby give permission for my child to engage in boy's baseball clinic provided by the Conestoga High School Baseball Team. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize the participating coaches to contact emergency medical personnel. I covenant and agree, that for and in consideration of my child's participation in such activities, to indemnify and hold harmless the Conestoga Girl's Softball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any error, omission or negligent act of my child. I further do hereby expressly release, discharge and hold harmless the Conestoga Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities.

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

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

***Clinic is held at Conestoga High School Gym***

**Cost is \$30 per player or \$55 for two players from same family  
Pre-Register by March 8 and receive a FREE Conestoga Baseball Cinch-sack**

**Please make check payable to, "Conestoga Baseball Booster Club".  
Send payment by March 8, 2013 to:**

**Anna Gagne: 145 Brookmead Road, Wayne, PA 19087**

**Person picking up player at end of clinic: \_\_\_\_\_**

**Relationship to child: \_\_\_\_\_**