



Baldwinsville Baseball Booster Club, Inc.

Post Office Box 104 • Baldwinsville, New York 13027

WINTER BASEBALL CLINIC FOR LITTLE LEAGUE PLAYERS IN GRADES 3 – 6

DATES: Tuesday, December 27, 2011 and Wednesday, December 28, 2011.

GRADE/TIME: 3rd – 4th Graders 10am – 12:00pm.
5th – 6th Graders 12:00pm – 2:00pm.

STAFF: Coaches and Players (Varsity/JV) from Baldwinsville High School.

PLACE: Baker High School Gymnasiums.

PURPOSE: The clinic is designed to work on the fundamentals of the game.
Throwing, catching, fielding and proper hitting mechanics.

FEE: **\$30.00** (Please make checks payable to Baldwinsville Baseball Booster Club).
100% of the money raised goes toward the Baldwinsville Bees Baseball Players.

- **MAXIMUM OF 40 IN EACH SESSION.**
- **REGISTRATION DUE BY DECEMBER 23, 2011.**

Mail check and completed application to: Baldwinsville Baseball Booster Club
Winter Baseball Clinic
P.O. Box 104
Baldwinsville, NY 13027

Name _____ Age _____ Grade _____

Address _____ Phone _____

Email Address _____

Parent/Guardian Approved _____

As the parent or guardian of _____, I give my consent for him/her to attend the Winter Clinic. I understand that the Baldwinsville Central School District, the Baldwinsville Baseball Booster Club, Coaches, and their Booster Members and Volunteers are not responsible for accidents resulting in medical, dental or other expenses, including loss of personal property.

I recognize that the element of risk cannot be eliminated, that injuries can include but not limited to cartilage damage which would result in a temporary or permanent, partial or complete impairment in the use of limbs, brain damage, paralysis or even death. Having so cautioned and warned participation indicates your full knowledge of the risk of injury.

Parent/Guardian Signature: _____

Effective Date: _____

ANY QUESTIONS OR CONCERNS PLEASE EMAIL OR CALL
COACH PENAFEATHER (315) 430-7959 or dpenafeather@bville.org

REGISTRATION DUE BY DECEMBER 23RD