

UNIONVILLE HIGH SCHOOL BASEBALL



UNIONVILLE
HIGH SCHOOL
Catch the Spirit

We welcome you to join us for a

Winter Skills Series

for all players ages 8-14

Hitting Clinic Sessions

(2) 2 Hour sessions held as follows

Saturday, January 23: 12:00-2:00 PM

Saturday, January 30: 9:00-11:00 AM

Unionville High School Auxiliary Gym

Pitching/Catching Clinic Sessions

(2) 2 Hour sessions held as follows

Tuesday February 16: 5:00-7:00 pm

Tuesday February 23: 5:00-7:00 pm

Unionville High School Main Gym

Develop your baseball hitting! Fine Tune your swing!
Work on pitching mechanics to promote arm health!
Work on all aspects of catching!
All while training with the
Unionville Men's Baseball Coaches & Players

***Don't miss this great opportunity
to meet and work with
UHS Varsity Head Coach - Mike Magee,
his coaching staff and players!***

Registration is \$75 for each clinic or \$125 for both!!
With all proceeds going to the UHS Diamond Club
To register please e-mail Coach Magee
coachmagee8@gmail.com

**Sign up by January 7th and receive a free
UHS Baseball clinic t-shirt**

Follow us on Twitter: [@unionvillebaseb](https://twitter.com/unionvillebaseb)

Follow us on Facebook: [Unionville High School Baseball](https://www.facebook.com/UnionvilleHighSchoolBaseball)

Registration Form

Please bring the completed registration form and waivers with you to the clinic

Child's Name _____

Address: _____

Age: _____

Grade (Fall of 2015): _____

School District: _____

Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Please check which clinic you will attend

Hitting Clinic: \$75 _____

Pitching/Catching Clinic: \$75 _____

Sign up for both and save: \$125 _____

T-Shirt Size -

Youth
S M L XL

Adult
S M L XL

Release/Waiver

I hereby give my child permission to participate in the Skills/Drills Clinic. I certify that he/she is physically fit and capable of participation in strenuous physical activity. I understand that the Clinic, its director and staff are not responsible for any accident or injury to my child from or in connection with the clinic and any of its activities. I agree to indemnify and hold the clinic, its directors and staff harmless for any accident or injury to my child arising from participation in the clinic

Child's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

Authorization to Consent to Medical Treatment

In the event that medical attention and/or treatment are necessary for my child, I hereby authorize the clinic, its director and staff to give consent to such medical attention and/or treatment when efforts to contact me are unsuccessful. I understand that the clinic will make every reasonable attempt to contact me.

Parent's/Guardian's Signature: _____

Date: _____

Emergency Phone Number(s): _____

Health Insurance Carrier: _____

Insurance Identification Number: _____

Child's Physician: _____

Physician's Phone Number: _____

List any medical conditions or special instructions in case of injury:
