



## 2019 Polar Bear Baseball Clinic

Visit our website at [hasd.org](http://hasd.org). [Click high school>athletics>baseball](#)

**Clinic Date:** Saturday, April 6

**Clinic Times:** Session I – Boys Grades 2-3 9:00 – 11:15 am (Check-in at 8:40)  
Session II – Boys Grades 4 – 8 12:30 – 3:00 pm (check in at 12:10)

**\*REGISTRATION DEADLINE IS MONDAY, April 1, 2019\***

(We do accept late registrations, however we cannot guarantee a t-shirt for late registrations)

### Clinic Summary:

Boys will receive individual and group instruction on the proper mechanics of hitting, throwing and fielding.

### Location:

Clinic will be held at Hortonville High School. Boys should enter through the main entrance, walk through the commons and register outside of the fieldhouse. **Please arrive 20 minutes early to check in.**

### What to Bring:

Students should bring a baseball glove, tennis shoes, comfortable clothing and batting gloves (recommended). If they have a bat, they should bring one; however bats will be available at the clinic. **All personal gear should clearly have your child's name on it.**

### Cost:

The cost of the clinic is \$25. Each student will receive a t-shirt. **Make checks payable to: Hortonville High School.**

### Clinic Staff:

The Hortonville High School coaching staff will direct the clinic. Many varsity players will be on hand to teach and demonstrate proper mechanics and give individual attention to students.

---

### Registration Form (Detach)

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent (s) Name:** \_\_\_\_\_

**Register my son for:**       **Session I**       **Session II**  
   **Grades 2-3**     **Grades 4-8**  
   9:00 – 11:15 am     12:30 – 3:00 pm

### T-Shirt Size

- Youth Small
- Youth Medium
- Youth Large
- Youth XL
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

### Mail Registration to:

Greg Yeager  
Hortonville High School  
155 Warner St  
PO Box 220  
Hortonville, WI 54944

(Please sign the back of the form)



**PARENT'S RELEASE AND INDEMNITY AGREEMENT  
BASEBALL SPORT CLINIC**

**I/WE HEREBY REQUEST THAT YOU ACCEPT THE APPLICATION FOR THE ENROLLMENT OF \_\_\_\_\_ IN THE CLINIC DURING THE SET DATES. I/WE HEREBY RELEASE THE CLINIC, INSTRUCTORS, DIRECTORS, AND HORTONVILLE HIGH SCHOOL FROM ALL CLAIMS ON ACCOUNT OF INJURIES WHICH MAY BE SUSTAINED BY MY/OUR SON/DAUGHTER WHILE ATTENDING THE CLINIC. I/WE AGREE TO INDEMNIFY BASEBALL SPORTS CLINIC FROM EACH CLAIM WHICH MAY HEREAFTER BE PRESENTED BY MY/OUR SON/DAUGHTER AS A RESULT OF ANY SUCH INJURIES. I/WE ALSO CERTIFY THAT MY /OUR SON/DAUGHTER IS MEDICALLY FIT TO PARTICIPATE IN YOUR CLINIC.**

**PARENT OR GUARDIAN \_\_\_\_\_**