

**Booker T. Washington Wildcats Preseason Baseball Clinic
For Ages 7 to 16 (limited to the first 100 to register)**

Where: Bill Bond Baseball Fields at Roger Scott Sports Complex

Dates: February 8, 2019

Time: 8:00 A.M. – 12:00 P.M.

(Please arrive 30 min early for check-in)

Cost: \$50.00

The BTW Wildcat Baseball Clinic will provide young baseball players instruction on all aspects of the game including hitting, fielding, pitching, base running, mental strategies, and character inspiration for the game of life. Participants will also be advised on the importance of proper nutrition, conditioning, and weight training.

Each participant will need to bring his/her glove, baseball shoes, and any other equipment (bat, catchers gear, etc.) he/she feels is necessary. Due to our constantly changing weather, participants are advised to dress comfortably and accordingly; however, it would be a good idea to bring extra clothing in case conditions change. He/she will also need to bring something to drink to ensure proper hydration during instruction. However, water and Gatorade will be available for purchase.

Participants will not only have fun receiving professional instruction in the game of baseball, but he/she will be fed lunch and leave with a free t-shirt.

For more information contact Jason Lavaway at (850) 572-7908 or email us at btwbaseball@gmail.com

Clinic Registration Form

Name: _____ T-Shirt Size: _____

Youth/Adult - (S, M, L, XL)

Address: _____

Phone Number: _____ Grade Level: _____

Parent Name: _____ Email: _____

Please make checks payable to WHS Baseball Boosters Club and mail this form to:

WHS Baseball Boosters Club, Inc.
P.O. Box 10170
Pensacola, FL 32524

Registration forms will also be available onsite the day of the clinic

****Please flip this sheet over and fill out the Medical Release Form****



MEDICAL RELEASE FORM

ASSUMPTION OF RISK/RELEASE FROM LIABILITY AND CONSENT FOR TREATMENT:

I, the undersigned, as the parent or legal guardian of minor child _____, hereby acknowledge that the aforementioned child is covered by the following medical insurance:

Policy Holder Name: _____

Insurance Provider: _____

Policy/Group Number: _____

It is further understood that Washington High School Baseball Boosters and Booker T. Washington High School does not provide medical insurance covering injuries of any nature incurred at the clinic. The undersigned hereby releases Washington High School Baseball Boosters, Booker T. Washington High School, its successors, officers, agents, and employees from, any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the aforementioned child in the Booker T. Washington High School Baseball Clinic.

CONSENT FOR TREATMENT OF MINOR:

I, the undersigned, as the parent or legal guardian of _____ (a minor), hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor.

Parent Signature: _____

Printed Name: _____

Date: _____

Phone Number: _____

