

WILSON HIGH SCHOOL BASEBALL and SOFTBALL

Winter Break Hitting and Fielding Clinic

WHO: Baseball and Softball players ages 7-14. (Each session limited to 20 baseball and 20 softball players) Campers should bring a bat, helmet, glove, and CLEAN tennis shoes. NO CLEATS

WHAT: Skills instruction led by Wilson High School Baseball and Softball coaches and players in the Wilson Gym.

WHEN: Thursday, December 28

___ Ages 7-10 @ 9-1030AM Hitting & Fielding

___ Ages 11-14 @ 11-1230PM Hitting & Fielding

Friday, December 29

___ Ages 7-10 @ 9-1030AM Hitting & Fielding

___ Ages 11-14 @ 11-1230PM Hitting & Fielding

WHERE: Wilson High Gymnasium, Enter through West Gym Foyer.

COST: \$50 for both days. \$30 single session. Bring cash or check and completed forms on the first day. Family discount available.

*****Limited to 20 baseball and 20 softball players per session*****

REGISTER or QUESTIONS?

Email Coach Shetler to register and reserve a space, or if you have questions.

jshetler@pps.net



REGISTRATION FORM--Wilson Baseball and Softball Winter Clinic

Bring forms & fee on 1st Day

NAME _____ AGE ____ PHONE _____

ADDRESS _____ ZIP ____

EMAIL _____

I hereby waive, release and relinquish any and all right to claim to damages against the camp directors/staff, Portland Public Schools, or Wilson High School which may be sustained in connection with or as a result of engaging in this clinic.

I have no knowledge of any physical impairment that would be affected by the above participating in this activity. I understand no insurance will be provided for the participants.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

WILSON BASEBALL and SOFTBALL CAMPS

Medical Approval and Release

Name of Player _____

Address _____ Zip _____

Home Phone _____ Emergency Cell Phone _____

Family Physician _____

Address _____

City _____ Zip _____ Phone _____

CONSENT FOR TREATMENT FORM

As parent (or legal guardian) of _____, I

hereby give my consent for any emergency medical treatment as approved by the adult escort, in case of illness or injury while participating in summer baseball league activities.

I understand that this consent is to prevent undue delay and assure prompt treatment. Only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached. This consent will make immediate treatment possible.

Date _____ Parent or guardian signature _____

LIST ANY MEDICAL ALLERGIES OR MEDICATION _____

Name of Family Hospitalization Plan _____

Policy Number _____ Employer _____