



# Attention All Little Leaguers!!

**Conestoga High School Baseball - 2011 State Champions  
Want to help YOU get ready for the 2012 Season!**

Players and Coaches will conduct age appropriate training sessions on  
Hitting, Throwing, Catching and Fielding

**Date: Saturday, March 10**

**Time: 1:00 – 3:00 PM**

**Place: Conestoga High School Gym**

Please arrive 15 minutes early; wear sneakers and bring your glove,  
bat, hat and helmet!

**Cost: \$25 per player and \$45 for 2 family members**

**Any questions please call Kate Little @ 610.644.5063.**

**See you March 10!**

**Boy's Baseball Clinic**  
**Sponsored by the**  
**Conestoga Baseball Booster Club**  
**Saturday March 10 2012**  
**1:00 - 3:00 PM**

**REGISTRATION FORM**

PLAYER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LEVEL (Circle) : T-BALL COACH PITCH 7 COACH PITCH 8 MINOR MAJORS

**RELEASE:**

My son, \_\_\_\_\_, is permitted to participate as a player in the boy's baseball clinic provided by the Conestoga High School Boy's Baseball Team. I do understand that any other personnel involved with this program are not responsible for any injuries or accidents that may occur before, during or after any activities associated with the clinic.

I hereby give permission for my child to engage in the boy's baseball clinic provided by the Conestoga High School Boy's Baseball Team. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize the participating coaches to contact emergency medical personnel. I covenant and agree, that for and in consideration of my child's participation in such activities, to indemnify and hold harmless the Conestoga Boy's Baseball Team, its players, coaches, parents and volunteers assisting in these activities from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any error, omission or negligent act of my child. I further do hereby expressly release discharge and hold harmless the Conestoga Boy's Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Clinic will be held in the Conestoga Gym**  
**Cost \$25.00 per player or \$45.00 for two players from same family**  
**Please make checks payable to, "Conestoga Baseball Booster Club"**

**Pay at Door or send payment by March 1, 2012 to:**  
**Kate Little: 1224 Wisteria Drive Malvern, PA 19355**  
**610.644.5063**

Name of person picking up child at end of clinic: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_