HANFORD BASEBALL

YOUTH SKILLS CLINIC

***** Wednesday June 22, 2016 *****

Hanford High School baseball field

- Ages 7-12
- 11:00 am - 3:00 pm
- $20 pre-registration | $25 if registered day of clinic

All participants in all age levels will interact directly with current Hanford Falcons & Hanford Flames players and coaches. Our clinic will address and teach core baseball fundamentals in a way that supports an overall aggressive and focus game-day approach. Players will begin to learn how to build confidence through hard work (drills and practice repetitions) and how to focus that hard work into relaxed and aggressive game execution!

Players need to bring a glove, a bat/helmet if you have it (there will be helmets and bats to use also), a competitive attitude and the love of our great game of baseball. Put your “best on” and come out to play ball!

Questions or concerns contact Head Coach Nat Roe njroe92@yahoo.com or 539.3604
REGISTRATION INFORMATION

Participant’s Name: ____________________________________________________ Age: ______

$20 if registered before 6/21 • $25 if registered 6/22 • includes t-shirt & concession lunch following

Parent(s) Name: _____________________________________________________________________________

Address: __________________________________________ City: _____________________ Zip: _________

Home Phone: _______________ Work Phone: _______________ Cell Phone: ________________

Email Address: _____________________________________________________________________________

T-Shirt Size:          YS            YM     YL     YXL      S      M      L

Please send registration form and check to: Hanford Flames Baseball Club
                         c/o Nat Roe
                         3014 Redrock Ridge Loop
                         Richland, WA 99354

Make checks payable to Hanford Flames Baseball Club

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EMERGENCY INFORMATION

Emergency Contact Person: ____________________________ Relationship: __________________

Phone No.: ____________________________

Family Doctor: ____________________________

Family Doctor Phone No.: ____________________________

Parent/ Guardian Consent for Participation

I hereby give consent for my child to participate in Hanford Flames Baseball Clinic. My signature indicates that the above information is accurate and that I understand there is a risk of injury associated with participation in this activity. In the event of a serious injury and I cannot be reached, the staff has my permission to seek appropriate medical attention for my child.

Parent/Guardian Signature: ____________________________ Date: ____________________________