

**Winter Youth Clinic: Grades K-8**

**January 16-17, 9:30 AM-Noon**

THS Baseball will proudly offer a two-day baseball clinic for boys and girls in grades K-8. The current varsity and junior-varsity staff and players will instruct players on the basics and intricacies of hitting, fielding, throwing and pitching/catching, as well as offensive and defensive situations.

**What you need to bring:** baseball glove, water bottle, bat and helmet  
Players will be grouped by age and skill to ensure safety and proper instruction

**Registration can be completed--online or in-person (at registration table on January 16)--until the first day of the clinic, but you must register by January 8th to receive a Talawanda Baseball Clinic T-Shirt!**

**Location:** THS Gymnasium

**One Day Cost** (Please specify day on linked form): \$30\*

**Two Day Cost:** \$50\* (take \$10 off for each additional family member after the first)

**Questions:**

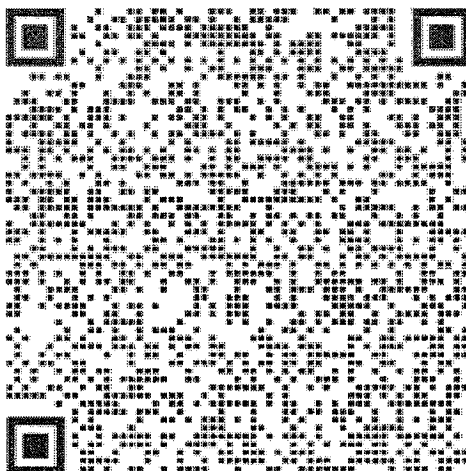
Email: [lykinsm@talawanda.org](mailto:lykinsm@talawanda.org)

**To Register:** Please register online using the link or QR code below. Fill out the reverse of this form and bring it the first day of the winter clinic. Checks can be made to "Talawanda Athletic Boosters".

\*5% of net profits will be donated to Luna Blu's "A Brave Cares" Foundation

**REGISTER ONLINE**

(<https://forms.gle/HZarmVkFcgTHc4ks7>):



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for distribution**

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Talawanda Winter Baseball Clinic  
Medical and Waiver release Form

Player Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_ Plan #: \_\_\_\_\_

Known Allergies (Epi-Pen?):  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

I hereby voluntarily permit my child to participate in the **Talawanda Winter Baseball Clinic**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_ Initial Here

As consideration for being permitted by **Talawanda Baseball** to participate in these activities, I hereby release and hold harmless the **Talawanda Baseball**, its staff, volunteers, designated coaches from all liability, and from all actions or claims that my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold **Talawanda Baseball** (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to **Talawanda Baseball** Staff, Trainers and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to **Talawanda Baseball** Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which my child may incur as a result of such treatment. **Talawanda Baseball** also does not provide any medical or other insurance protection or benefits for those who participate in the **Talawanda Winter Baseball Clinic**.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE **Talawanda Winter Baseball Clinic** AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian Signature \_\_\_\_\_