

FAYETTEVILLE ATHLETICS

YEAR: 2018 SPORT: BASEBALL GENDER: GIRLS AND BOYS LEVEL: K-8

FHS BULLDOG BASEBALL CLINIC

SATURDAY, FEBRUARY 10th and SUNDAY, FEBRUARY 11th

WHO: JOIN THE 7 TIME STATE CHAMPS FOR SOME FUN AND GET READY FOR BASEBALL SEASON!

WHAT: CLINIC WILL COVER HITTING, FIELDING, PITCHING, THROWING, BUNTING, BASE RUNNING, CONDITIONING, & ARM CARE. THERE WILL ALSO BE A DRAWING FOR BAT BOYS FOR A COUPLE OF BULLDOG HOME GAMES!

WHEN: 2/10 MORNING SESSION : (4TH-6TH) 9AM - NOON
2/10 AFTERNOON SESSION: (K-3RD) 1PM - 4PM
2/11 AFTERNOON SESSION: (7TH-8TH) 1PM-4PM

WHERE: INDOOR PRACTICE FACILITY AND OUR AMAZING ALL TURF FIELD (WEATHER PERMITTING)

\$45 PER PLAYER

\$5 PER PLAYER TEAM DISCOUNT IF 7 OR MORE PLAYERS FROM A TEAM REGISTERS TOGETHER.

PRICE INCLUDES:

T-SHIRT, A BULLDOG BASEBALL TICKET, AND DRINKS

PLEASE COME IN BASEBALL ATTIRE WITH A SWEATSHIRT/JACKET AND CLEATS/TENNIS SHOES

A LIMITED NUMBER OF BATS AND HELMETS WILL BE AVAILABLE. PLEASE BRING YOUR OWN, ALONG WITH A GLOVE.

DEADLINE FOR REGISTRATION:

FRIDAY, FEBRUARY 9TH

PLEASE CUT OFF AND SEND THE FORM BELOW WITH A \$45 CHECK PAYABLE TO **FHS BASEBALL TO:**

MELISSA DAVENPORT
14909 FISHER RD
FAYETTEVILLE, AR 72701

OR

EMAIL THE FORM TO
MELISSADAVENPORT@SBCGLOBAL.NET
AND BRING CHECK OR CASH THE DAY OF THE CAMP.

NAME: _____

GRADE: _____ SCHOOL: _____

T-SHIRT SIZE: YOUTH S M L XL ADULT S M L XL

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY PHONE: _____ EMAIL: _____

ALLERGIES OR MEDICAL PROBLEMS WE SHOULD BE AWARE OF: _____

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2/10 MORNING SESSION
(4TH-6TH) 9AM - NOON

SUNDAY
2/10 AFTERNOON SESSION
(K-3RD) 1PM - 4PM

SUNDAY
2/11 AFTERNOON SESSION
(7TH-8TH) 1PM - 4PM

By my signature affixed below, I certify I am fully aware of the hazards involved in the sport of baseball, and on behalf of my minor child, I am willing to assume these hazards. In full recognition of such, I hereby release, waive and discharge Fayetteville High School (FHS), the volunteers associated with the baseball program at FHS, the coaches and players of the FHS baseball from all liability to the undersigned's minor child for any and all loss, claim or damages resulting from participation in the baseball clinic at FHS.

PARENT/GUARDIAN SIGNATURE _____