



**JUNIOR BULLDOGS**  
**SPRING TRAINING**

**For**

T-ball, Rookies, Minors and Majors  
(Boys and Girls welcome)

**April 12, 2010**

**5:00-7:00pm**

**Rotary Complex/Rotary Field**

**Cost : \$20 includes T-shirt and dinner!**  
**Anderson Hot Dog Feed to follow clinic!**

This clinic will teach the aspects of throwing, hitting, fielding, baserunning, motivation and especially having FUN! Get yourself ready for the upcoming season by learning from current Bulldog players and coaches!

*Any questions call:* Head Coach, Todd Gibson **860-7250**.

*Fill out info. below, detach and return with waiver form to your coach by April 5<sup>th</sup>.*

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**Circle One**

Players name \_\_\_\_\_ Age \_\_\_\_\_ T-ball/Rookie/Minor/Major  
Players name \_\_\_\_\_ Age \_\_\_\_\_ T-ball/Rookie/Minor/Major

T-shirt size (Circle size) Adult L M S Youth L M S Total # of shirts \_\_\_\_\_

\*\*\*Please make checks payable to: EHS Boys Baseball

\*\*\*\$5 discount for each additional child

**I acknowledge that there is an element of risk for personal injury in instruction, practice and playing the sport of Baseball. The undersigned, releases the Ellensburg School District, EHS and its players and coaches from any damages and/or claims for injury which may be suffered during my association or participation in this clinic.**

**In the event of an emergency while my child is at the clinic, I grant my permission to EHS, its employees, players and coaches to take whatever action is necessary. In the event I can't be reached, I hereby authorize the coaching staff to give consent for my child \_\_\_\_\_, to receive medical treatment.**

**Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_**

**List Medications (if any): \_\_\_\_\_**

**List Allergies (if any): \_\_\_\_\_**

**Physical Limitations (if any): \_\_\_\_\_**

**In Case of Emergency, contact.....**

**Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_**