



Summer Baseball Clinic

Legacy Preparatory Christian Academy

Legacy PCA Baseball clinic is structured to teach and train in all 5 skills of baseball as well as the mental part of the game. The interactive hands-on camps will be taught by the Varsity H.S. Coach Joe Witcraft and the H.S. baseball players that participated in the 2014 season.



Further Info Contact Joe Witcraft

Joe.Witcraft@yahoo.com 281-761-9773

SUMMER BASEBALL CLINIC

DATE & HOURS

Saturday July 12th 2014

9:00 AM – 1:00 PM

Clinic Cost:

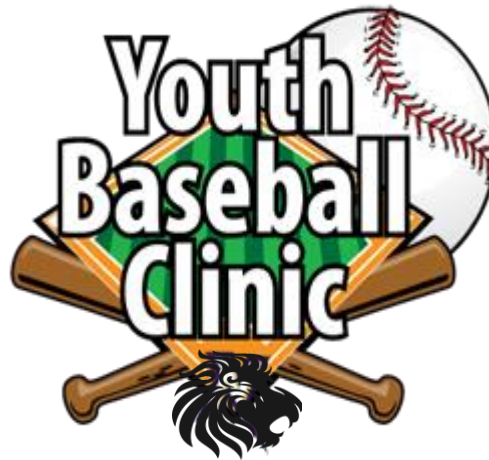
Legacy PCA Student \$50

Open Participant \$65

**Clinic is designed for ages 9-13
Boys & Girls**

Drop-Off & Registration 8:30am

* Participants please bring liquids and snacks
T-Shirts given out at Check-In



Introductions

Players are organized by skill level

Proper Stretching Drills

Core Fundamentals

Running, Sliding,

Throwing, Catching,

Hitting, Bunting,

Pitching Mechanics

All Positions will be explained

Mental Preparation

Game Situations

Scrimmage

Review/Q&A

CAMP LOCATION

Carl Barton Jr. Park at Zak Kahn

2500 South Loop 336

Conroe, TX 77302

Registration Form

Name: _____ Age: _____

Parent : _____

Email : _____

How did you hear about this clinic :

____ - Legacy PCA Student \$50

____ - Open Participant \$65

Please send payment payable to:

Legacy PCA Baseball

Mail to:

Legacy PCA Baseball

P.O. Box 131752

The Woodlands, TX 77393

This application form must be signed by your parent/ guardian: My child has permission to attend Legacy PCA Baseball Clinic. Enclosed is enrollment fee. I also give consent for Legacy PCA Baseball Clinic to take photos of my child for publicity of future clinics.

Clinic is limited to the first 30 Registered.

Informed Consent, Liability Release and Medical Treatment Authorization

I request that my child (identified on this form) be permitted to participate in the identified sport/athletic Clinic activity and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to **death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons**. I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Clinic coaches and staff. I agree that I am responsible for my child's conduct while he/she is at the clinic.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Legacy PCA, its Trustees, officers, coaches, volunteers, employees and agents **from all liability, claims, costs, and expense**, arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Clinic, Legacy PCA, its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the child. I further agree that the Clinic Staff and Legacy PCA Baseball are **authorized to obtain and authorize emergency medical treatment** for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Clinic Legacy PCA Baseball and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Child's Name: _____ Parent/Legal Guardian Name: _____

Parent Phone: _____ Employer: _____

Signed: _____ Date: _____
Parent/Legal Guardian

Name: _____ Age: _____ Birth date: _____

Address: _____

City, State, Zip: _____

Parent(s) _____

Home Phone : _____ Work Phone: _____

Parent E-mail Address: _____

Emergency Contact Name & Number: _____

Please inform us of any Medical Conditions: _____
