



# **BISHOP FENWICK** **BASEBALL YOUTH CLINIC - 2018**



**DATE:** Friday, December 28th, 2018  
**TIMES:** Grades 3, 4 & 5 - 9:30 to 11:30 am  
 Grades 6, 7 & 8 - 12:30 to 2:30 pm

**LOCATION:** Bishop Fenwick High School - Main Gym and Auxiliary Gym

**COST:** \$25 Includes registration and t-shirt

**DETAILS:** Bishop Fenwick Baseball is offering a one day clinic for students in grades 3 through 8. This clinic will focus on the areas of hitting, fielding, pitching and catching. Clinic participants will be introduced to the Fenwick Baseball philosophy in all four of these areas. Clinic instructors will include members of the Fenwick baseball coaching staff along with current and former players.

Clinic participants should bring their own bat, batting helmet and glove along with any other equipment related to their position (i.e. catcher's gear). Gym or turf shoes only, baseball pants recommended.

**TO REGISTER:** Fill out the bottom portion of this sheet and return along with payment to the following address:

Bishop Fenwick High School  
Attention: Athletic Office  
4855 State Route 122  
Franklin, OH 45005

You can also email registration information to Coach Stratton at [strattc8@gmail.com](mailto:strattc8@gmail.com) or call Becky Konz, Athletic Office Administrative Assistant, at **513-423-0724** with your information. Please provide the following information:

Player Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size: (please circle) YS, YM, YL, YXL, AS, AM, AL, AXL

Primary Position: \_\_\_\_\_

I certify that my son/daughter has no injury that would limit his/her participation in the clinic. I hereby release, exonerate and discharge the clinic and their employees from any and all actions or causes of actions, known or unknown, from any injuries incurred in the clinic. The below signed parent/guardian does hereby delegate to the Bishop Fenwick Clinic, its employees or agents, the authority to seek, obtain and approve medical care and treatment for the below named minor, which in their judgement is necessary for the health and well-being of said minor during his/her attendance at the Bishop Fenwick Clinic. Furthermore, I agree to hold the Bishop Fenwick Clinic, its employees or agents, harmless from any liability arising out of any faith actions in seeking and obtaining medical care and treatment for the below named minor. All costs incurred are the responsibility of the parent/guardian.

Are there any PHYSICAL or MEDICAL concerns that the coaching staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Parent Phone (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_