



2020 Polar Bear Baseball Clinic

Visit our website at hasd.org. [Click high school>athletics>baseball](#)

Clinic Date: Saturday, April 4

Clinic Times: Session I – Boys Grades 2-3 9:00 – 11:15 am (Check-in at 8:40)
Session II – Boys Grades 4 – 8 12:30 – 3:00 pm (check in at 12:10)

REGISTRATION DEADLINE IS MONDAY, March 30, 2020

(We do accept late registrations, however we cannot guarantee a t-shirt for late registrations)

Clinic Summary:

Boys will receive individual and group instruction on the proper mechanics of hitting, throwing and fielding.

Location:

Clinic will be held at Hortonville High School. Boys should enter through the main entrance, walk through the commons and register outside of the fieldhouse. **Please arrive 20 minutes early to check in.**

What to Bring:

Students should bring a baseball glove, tennis shoes, comfortable clothing and batting gloves (recommended). If they have a bat, they should bring one; however bats will be available at the clinic. **All personal gear should clearly have your child's name on it.**

Cost:

The cost of the clinic is \$30. Each student will receive a t-shirt. **Make checks payable to: Hortonville High School.**

Clinic Staff:

The Hortonville High School coaching staff will direct the clinic. Many varsity players will be on hand to teach and demonstrate proper mechanics and give individual attention to students.

Registration Form (Detach)

Name: _____

Address: _____

Phone: _____ **Grade:** _____

Parent (s) Name: _____

Register my son for: ___ **Session I** ___ **Session II**
 Grades 2-3 **Grades 4-8**
 9:00 – 11:15 am 12:30 – 3:00 pm

T-Shirt Size
___ Youth Small
___ Youth Medium
___ Youth Large
___ Youth XL
___ Adult Small
___ Adult Medium
___ Adult Large
___ Adult XL

Mail Registration to:
Greg Yeager
Hortonville High School
155 Warner St
PO Box 220
Hortonville, WI 54944

(Please sign the back of the form)



**PARENT'S RELEASE AND INDEMNITY AGREEMENT
BASEBALL SPORT CLINIC**

I/WE HEREBY REQUEST THAT YOU ACCEPT THE APPLICATION FOR THE ENROLLMENT OF _____ IN THE CLINIC DURING THE SET DATES. I/WE HEREBY RELEASE THE CLINIC, INSTRUCTORS, DIRECTORS, AND HORTONVILLE HIGH SCHOOL FROM ALL CLAIMS ON ACCOUNT OF INJURIES WHICH MAY BE SUSTAINED BY MY/OUR SON/DAUGHTER WHILE ATTENDING THE CLINIC. I/WE AGREE TO INDEMNIFY BASEBALL SPORTS CLINIC FROM EACH CLAIM WHICH MAY HEREAFTER BE PRESENTED BY MY/OUR SON/DAUGHTER AS A RESULT OF ANY SUCH INJURIES. I/WE ALSO CERTIFY THAT MY /OUR SON/DAUGHTER IS MEDICALLY FIT TO PARTICIPATE IN YOUR CLINIC.

PARENT OR GUARDIAN _____