

TRABUCO HILLS BASEBALL

Fundraising **SPORTS CLINIC**



2013 Sports Clinic Crew

**SIGN UP
TODAY**

Monday, January 18, 2016

TIME: 9AM – 1PM

AGES: 7 – 14

Fee: Donations*

**TRABUCO HILLS
BASEBALL**



** A minimum \$30 donation ensures players spot for the event*

Support Trabuco Hills Baseball with your donation today!

The Trabuco Hills Baseball Clinic features a high-energy and fast-moving workout designed to challenge the athletes while having a fun time.

Our clinic will review:

The foundation of basic hitting
Fundamental fielding

Base running
Team building

The Trabuco Hills Baseball Clinic is a great way to prepare them for the spring programs, allowing players to build on their baseball skills and character traits. Our coaching staff consist of high school coaches and players from the high school teams. The staff promotes championship attitudes, good sportsmanship and maximum hustle.

Sign Up Today!

If you have any questions please send email to: vikki@mccarrell.me

TRABUCO HILLS BASEBALL

Clinic Application

To enroll complete this application and the emergency information card; submit with donation check* payable to Trabuco Baseball:

Trabuco Hills Baseball Boosters
c/o Vikki McCarrell
12 Milagro
Rancho Santa Margarita, CA 92688

*A minimum \$30.00 donation ensures player's spot for this event

We will confirm all enrollments with a pre-clinic information email.

If you aren't able to enroll before the clinic, you may enroll the day of the clinic. Please bring these completed forms with your donation check and plan to arrive a half hour early.

Parent Email Address: _____

Fathers Names: _____ Cell #: _____

Mothers Names: _____ Cell #: _____

Player Address: _____

City, State, Zip: _____

Home #: _____

Player 1:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____

Player 2:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____





Trabuco Hills Baseball Clinic - Emergency Information Card

Player's First & Last Name: _____ Age _____

Parent or guardian's name : _____

Address: _____

Home #: _____ Cell #: _____

List two persons to contact in case of emergency:

Name: _____ Relationship : _____

Home #: _____ Work #: _____

Name: _____ Relationship : _____

Home #: _____ Work #: _____

Insurance Company: _____ Policy#: _____

Physician's Name: _____ Phone #: _____

Important Health Information

Is your child allergic to any drugs? _____ If so, what? _____

Does your child have any other allergies? (e.g., bee stings, dust) _____

Does your child suffer from _____ asthma, _____ diabetes, or _____ epilepsy?

Is your child on any medication? _____ If so, what? _____

Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? If yes, please explain: _____

Emergency Authorization: "I hereby authorize the head coach or any member of the coaching staff, to act for me in any emergency, and hereby waive and release, Trabuco Hills High School and the Saddleback Valley Unified School District from any and all liability for any injuries sustained during the Trabuco Hills Baseball Clinic, for the above named athlete."

Parent or Guardian Signature

Date