



# Baseball Clinic 2010

Grades 4 - 5	Saturdays, Jan. 23 - Feb. 20	(5 weeks)	8-9 a.m.	(BC1)
Grades 6 - 7	Saturdays, Jan. 23 - Feb. 20	(5 weeks)	9-10 a.m.	(BC2)
Grades 8 - 9	Saturdays, Jan. 23 - Feb. 20	(5 weeks)	10-11 a.m.	(BC3)

Auxilliary Gym - North Penn High School - 1340 Valley Forge Road, Lansdale - Fee: \$100

## ABOUT THE CLINIC

This North Penn Baseball Clinic will provide players in grades 4 through 9 an opportunity to increase their skills in all areas of the game of baseball. Participants will rotate through pitching and hitting stations, as well as infield and outfield stations. All levels of ability are welcome.

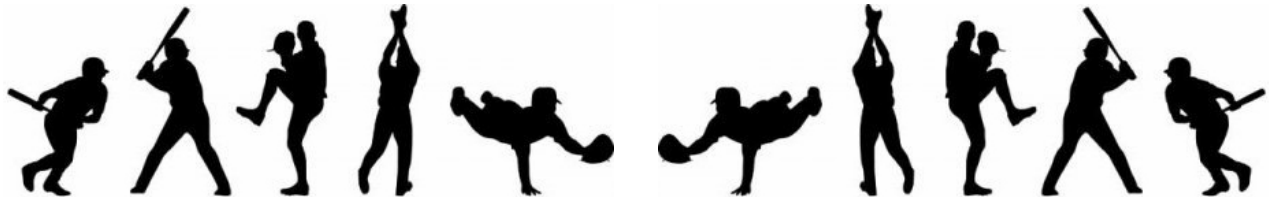
## CLINIC STAFF

**Bob McCreary** is the head coach of the North Penn High School baseball team and was recently inducted into the Villanova Athletic Hall of Fame. He will be accompanied by several assistant coaches during the clinic.

## PARTICIPANTS SHOULD BRING

Baseball clinic participants should bring a glove, a water bottle marked with the participant's name, sneakers and bat (if you have one) with them each time.

*\* For more information, please call the NPSD Community Education office at 215-853-1028 or 215-853-1029. Please fill out the waiver on the back of this flyer.*



## Registration Form

### North Penn School District 2010 Baseball Clinic Registration Form

Name of Clinic Participant \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Please circle the clinic you are registering for:

<b>BC1</b>	<b>BC2</b>	<b>BC3</b>
<b>Grades 4-5</b>	<b>Grades 6-7</b>	<b>Grades 8-9</b>
<b>Sat., 8-9 a.m.</b>	<b>Sat., 9-10 a.m.</b>	<b>Sat., 10-11 a.m.</b>

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent/Guardian Work Phone # \_\_\_\_\_

Age as of Sept. 1, 2009 \_\_\_\_\_ Grade 2009 - 2010 \_\_\_\_\_

Return with check payable to: North Penn Community School, 401 East Hancock Street, Lansdale, PA 19446

A 5% service fee will be added to all credit card charges.

Charge:  VISA  Mastercard Exp. Date \_\_\_\_\_ Total Amount Enclosed \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Signature \_\_\_\_\_



Office Use Only:	
Rec'd:	
By:	
Payment:	
Ca Ch CC	

*Confirmation will be sent only if a self-addressed, stamped envelope is enclosed with registration form.*

# Registration, Payment, Refund, & Cancellation Information

A \$50 deposit (\$25 of which is nonrefundable or transferable), or payment in full, must accompany all baseball clinic registrations.

When filling out the registration form, please circle which clinic your child will be participating in at the top of the registration form. The baseball clinic information can be found at the top of the flyer. You and your child **must** also fill out a waiver form and send that in with the registration form to the Community Education Office, located at 401 East Hancock Street, Lansdale, PA 19446.

As stated on the front of this flyer, confirmation will only be sent if a self-addressed, stamped envelope is enclosed with the registration form.

The balance is due by the first day of the clinic in which the student is participating. If a camper finds it necessary to cancel, a refund, minus the \$25 registration fee, will be given up to one week prior to the first day of the clinic. No refund will be given after that point. For more information, please contact the NPSD Community Education Office at 215-853-1028 or 215-853-1029.



## WAIVER/CONSENT FORM

I/we, the undersigned parent(s) or guardian(s) of:

\_\_\_\_\_  
(Name of Participant)

acknowledge that I/we have been informed that serious injury, including catastrophic injuries, paralysis, or even death, can result from accidents during the **NPSD Baseball Clinic**. I/we acknowledge that although supervision is provided, serious injuries can result despite the most careful supervision. I/we hereby release the North Penn School District, and its employees, agents, or servants, from any and all causes of action and claims for injury or damage arising out of participation of the above named individual in the **NPSD Baseball Clinic**.

I/we hereby acknowledge that said participant has medical insurance coverage through:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature