



Nashoba Baseball 8th Annual Baseball Clinic – Saturday, March 6th, 2010 (Snow date March 7th)

Nashoba Regional High School - Rt. 117, Bolton, MA

Two Sessions Available: or sign up for both!

9:00 - 12:00 (registration at 8:30 if not pre-registered) OR

1:00 - 4:00 (registration at 12:30 if not pre-registered)

Kids separated into 3 age groups: 6- 7 yrs. old, 8-10 yrs. old and 11-13 yrs. old

Pre-registration is strongly suggested. Access additional forms at <http://nrhs.nrsd.net>

Schedule will cover position instruction/drills, batting instruction/drills. Our goal is to help in the development of young players, increasing their overall knowledge and skills in the game of baseball. Quality instruction will be given on all aspects of the game and emphasis will be on fundamentals and team play. Kids from everywhere are welcome!

**All proceeds from this clinic support the Nashoba Regional H. S. Baseball teams
60 kids per session - sign up early!**

Clinic Staff:

- ❖ **Chuck Schoolcraft**, NRHS Varsity Baseball Coach, AAU Coach/ CBS Baseball
- ❖ **Don Martin**, NRHS Jr. Varsity Baseball Coach
- ❖ **Matt Lane**, NRHS Assistant Varsity Baseball Coach
- ❖ **Trevor Short**, NRHS Freshman Baseball Coach
- ❖ **NRHS Varsity and College Baseball players**
- ❖ **NRHS Certified Athletic Trainer**

Cost: Pre-registration: \$40 one session \$65 for both Includes a t-shirt!
Day of Clinic: \$45 one session \$70 for both (Can't guarantee spot if not pre-registered)
Drinks: Gatorade and water will be available for purchase (\$1.00) or bring your own.
Lunch: Bring your own, if you plan on attending both sessions

Name: _____ Age: _____ Current Grade: _____

Address: _____ Phone: _____

Session (choose one or both!): Morning () Afternoon () Both ()

Age Group: 7-10 years old () or 11-13 years old ()

T-shirt size: Adult sizes - S M L XL (Not pre-registered, cannot guarantee correct size t-shirt)

Where has your child played?: _____ Position: _____

In case of emergency notify: _____ Phone: _____

(the above information is for the day of the clinic)

The above named participant has my permission to participate in the clinic program above. In case of emergency, I understand every attempt will be made to contact the person(s) above. If contact is unsuccessful, I give my permission to the tending personnel to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing on this line:

Signature: _____ Date: _____

Insurance Company: _____ Policy #: _____

**Application will not be processed without proper insurance information.

****Checks made payable to Friends of Nashoba Baseball****

MAIL REGISTRATION BY 2/28//10 to:

Nashoba Baseball, 56 Malburn St, Leominster, MA 01453

Questions: call Coach Schoolcraft at 508-561-4268