








**Bill Decker/Trinity College**  
**3-DAY HOLIDAY BASEBALL CLINIC**  
 "HOME OF THE 2008 NATIONAL CHAMPIONS"

**Who:** Players Grades 7-12  
**When:** December 28 - 30  
**Where:** Campus of Trinity College (27,000 square foot field house)  
**Time:** 9:30 AM – 1:30 PM  
**Cost:** \$225.00

To register and confirm a spot please email Bill Decker at [William.decker@trincoll.edu](mailto:William.decker@trincoll.edu), then complete and mail in the registration form below. For directions and information about the Trinity Baseball Program visit [www.trincoll.edu](http://www.trincoll.edu).



-  Instruction provided by Trinity coaches and players, as well as select area high school coaches.
-  Defensive instruction at BOTH primary and secondary positions.
-  Hitting instruction & situational hitting each day.
-  Speed & Agility workout (45 min) each day.
-  Pro-style (Showcase) workout on day three.

-----  
 PLEASE COMPLETE & RETURN THE FOLLOWING WITH PAYMENT (CHECKS PAYABLE TO BILL DECKER) TO:

**BILL DECKER – 7 OX YOKE DRIVE – SIMSBURY, CT 06070**

Name \_\_\_\_\_ High School \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**Condition of Attendance:** In consideration of Bill Decker and Trinity College allowing my child or myself to attend, I(we), individually and as legal guardian(s) (and/or) parent(s) of \_\_\_\_\_, a minor, (“my child”) do hereby release, discharge, indemnify and hold harmless Bill Decker or Trinity College and its owners, directors, officers, employees, agents, successors and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitation: injury to my child, myself and/or property arising out of or incident to my child’s participation and/or attendance at Trinity College, whether caused in whole or in part by negligent act(s) or omission(s) of its owners, directors, officers, employees or agents. I do hereby authorize the staff of Bill Decker or Trinity College to act for me according to their best judgment in any medical emergency for my child or myself.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE (REQUIRED) \_\_\_\_\_