



## Billerica Jr. Indians 2018 Summer Baseball Clinic

### Clinic Overview

The Billerica Jr. Indians baseball clinic is designed to teach the younger and older players the basic skills of the game and enhance the skills they have already obtained. We aim to make sure the kids enjoy the clinic and enjoy the game of baseball through drill work, competitions and games. This clinic will provide instruction in all aspects of baseball including fielding, hitting, pitching, base running, throwing, basic skills and more!

### Coaching Staff

Mike Waters is in his 5<sup>th</sup> year as a Head Coach in the Billerica Memorial High School Baseball Program. He was a former Head Coach for the Jr. Suffolk Rams AAU program in 2013. He was a former Assistant Head Coach for the Billerica Legion Baseball team in 2014. He was also the former Freshman Head Coach for three seasons at Billerica and currently in his 2<sup>nd</sup> season as JV. Head Coach at BMHS.

Connor McDonough is currently the head freshman baseball coach at BMHS. He has coached in the BMHS program for the past 4 years. Before he began coaching, Connor played for the Indians where he lettered for 3 years. He was a member of the 2012 MVC championship team as well as the 2012 Billerica Legion Post 268 Massachusetts State Championship team. His senior season, Connor was named a captain and started every game at shortstop for the 2013 Indians who were Milford tournament champions, MVC champions and Division 1 North Champions.

### Dates and Times

August 13<sup>th</sup> ~August 16

(Mon ~Thurs) 9:00 A.M. ~ 12:00 P.M.

### Cost

\$150 and includes free t-shirt!

(\$75 for each additional sibling)

### Age

All kids (Girls & Boys) Grades K- 8<sup>th</sup> (Have to be entering 8<sup>th</sup> grade this September)

### Location

**Marshall Middle School (Baseball Field): For more information, contact Mike Waters at:**

[mwaters@billericak12.com](mailto:mwaters@billericak12.com) or

**339-970-4028**

**Every child can expect interactive fun and instruction from a highly knowledgeable baseball staff.**

- ❖ Proper Infield and Outfield techniques
- ❖ Catching and Pitching techniques
- ❖ Throwing techniques
- ❖ Base Running techniques
- ❖ Proper Hitting techniques
- ❖ Skill related competitions
- ❖ FUN Environment



### Equipment Needed

Bring all necessary baseball equipment; glove, cleats, bat, hat, catching gear (If applicable), batting helmet. The clinic will provide all baseballs and drill equipment. Kids should pack a snack and a water bottle for the duration of the day.

# Registration

Send completed form below, waiver and release, and send \$150 payment to:

Mike Waters  
826 Willard Street apartment 103  
Quincy, Ma 02169

**Checks payable to:**  
Billerica Jr. Indians Clinic

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Parent(s) Name/Legal Guardian:  
\_\_\_\_\_

Email: \_\_\_\_\_

Grade (Fall 2018): \_\_\_\_\_

Medical Insurance Company:  
\_\_\_\_\_

Policy #: \_\_\_\_\_

Family MD & Phone Number: \_\_\_\_\_

Does child have any physical limitations/injuries? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_

T-Shirt Size (Circle)

**Youth:** S                      M                      L                      XL

**Adult:** S                      M                      L                      XL

## Waiver and Release

In consideration of his/her to participate in any way in the Billerica Jr. Indians Baseball Clinic, the undersigned hereby release the town of Billerica and Billerica Recreation Department, Billerica Jr. Indians Clinic and their officers, agents, employees, and volunteers from any liability for, and waives all claims, suits or caused for action based on or arising from any injury suffered or incurred by the undersigned as a result of or in conjunction with his/her participation in said clinic. Such waiver and release to be in effect without regard to whether such injury is the result of or caused by the fault of the town of Billerica and Billerica Recreation Department, Billerica Jr. Indians Clinic or any of their officers, agents, employees, or volunteers. This instrument is intended to take the effect as a sealed instrument. I further certify that my child's immunizations are up to date, and are medically fit to participate in the above clinic. I authorize clinic instructors to obtain medical treatment for my child. In absence of a signature, payment of fees shall constitute acceptance of conditions of their release.

Parent/Guardian Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

**Billerica Jr. Indians Clinic**