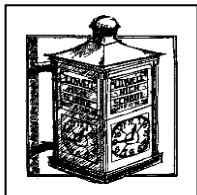
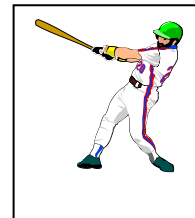


# L.H.S. Youth Baseball Clinic 2015



## Lowell High School Field House

50 Fr. Morissette Blvd.  
Lowell, MA 01852



**February 17, 18, & 19, 2015**

**11:00AM – 2:00PM**

**Ages 7-12**

**This 3-day indoor clinic focuses on the skills of hitting, fielding, throwing and base running. Players are separated into age groups and rotated through different stations. Each station is designed to teach a different skill taught by our instructors in their area of expertise. A fun way to spend the winter break and jump-start your spring training!**

**Registration fee: \$100.00**

(Check made out to LHS Baseball Committee)

Mail registration and check to: LHS Baseball Committee

c/o Carolyn Mansour 95 Alcott St.

Lowell, MA 01852

***Space is limited, so register early. Deadline: February 14, 2015***

For further information contact: Dan Graham at 978- 337-8906 or [dgraham@lowell.k12.ma.us](mailto:dgraham@lowell.k12.ma.us)

A limited number of scholarships are available based on verifiable need. E-mail for details.

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Child's name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School Presently attending: \_\_\_\_\_  
Parent/Guardian: (print) \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ t-shirt size: \_\_\_\_\_

Lowell High School assumes no responsibility for accidents, medical, dental expenses incurred as a result of participation in this clinic. All participants must submit their insurance company information to be admitted. In case of emergency, I authorize Lowell High School to arrange the necessary medical treatment for my child.

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

Emergency contact (names & tel. numbers): \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

My child has medical restrictions: YES \_\_\_\_\_ NO \_\_\_\_\_; If yes, I have attached a health waiver from medical provider. Yes( ) No ( )

