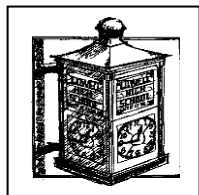
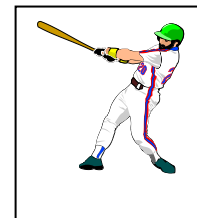


# L.H.S. Youth Baseball Clinic 2016



## Lowell High School Field House

50 Fr. Morissette Blvd.  
Lowell, MA 01852



**February 16, 17, & 18, 2016**

**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 \*Includes an official LHS baseball t-shirt  
(Check made out to Lowell High Baseball)**

Mail registration and check to:  
LHS Baseball 68 Trull Ln East  
Lowell, MA 01852

***Space is limited, so register early. Deadline: February 13, 2016***

For further information email Coach Dan Graham @ [dgraham@lowell.k12.ma.us](mailto:dgraham@lowell.k12.ma.us), or go to LHS Baseball's website @ [www.lowellredraidersbaseball.stackvarsity.com](http://www.lowellredraidersbaseball.stackvarsity.com)

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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 ( )