



# 31st ANNUAL HOLIDAY BASEBALL CLINIC



Presented by Nick Longhi , Camp Director

DECEMBER 28-29, 2017

AGES: \*7-12

\*Some 6 year olds will be accepted.

AT: CHUCK REITER STADIUM-VENICE, FL

TIME: 9am-3pm

COST: \*\*\$100 Per Player

\*\*Some need-based scholarships are available. Call (941)266-2918 to inquire. ++++++Campers must bring their own lunch.+++++

Campers will learn the fundamentals of baseball from experienced professional and college baseball players and coaches. We will, of course, work on hitting, defense, and pitching as well as play games and perform drills designed to increase confidence, skill level and team spirit. But most importantly, we will have FUN! Live games at the end of each day will bring together the skills taught throughout camp. All campers will receive a goody bag including T-Shirt and more.

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Registration Form

PARENT/GUARDIAN NAME: \_\_\_\_\_

CAMPER NAME: \_\_\_\_\_ AGE for 2018 season: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Primary Position(s): \_\_\_\_\_

EM AIL: \_\_\_\_\_

T-SHIRT: (circle one) Youth or Adult AND (circle one) XS Small Medium Large XL XXL **Mail registration/payment to: Holiday Baseball Clinic, 320 Langholm Dr, Venice, FL 34293.**

All registration forms MUST BE SIGNED and received by DEC. 15, 2015 to guarantee your camp T-shirt. Late registrations are accepted, but T-shirts cannot be guaranteed. \$15.00 of registration fee is non-refundable due to pre-paid insurance costs. For more information call 941-266-2918 or go to [www.HolidayBaseballClinic.com](http://www.HolidayBaseballClinic.com). Online registration and payment is available.

I hereby authorize the instructors of the Holiday Baseball Clinic to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Holiday Baseball Clinic and instructors from any liability or claim arising from illness, injury, or death suffered by the participant in connection with the clinic. I know of no mental or physical problems which affect my child's ability to safely participate in this camp.

Parent or guardian signature Date \_\_\_\_\_