

2020
UNIONVILLE HIGH SCHOOL BASEBALL



UNIONVILLE
HIGH SCHOOL
Catch the Spirit

The UHS Baseball team welcomes you to join us for our
7th Annual Winter Skills Series
for all players ages 7-14



Hitting Clinic Session
Sunday February 9, 2020
10 AM – 12 PM

in the
Unionville High School Auxiliary Gym

**Pitching/Catching/IF/OF Clinic
Sessions**


Wednesday February 19, 2020
6 PM – 8 PM

in the
Unionville High School Main Gym

Get ready for your spring season!!
Fine tune and improve your hitting!!
Work on pitching mechanics to promote arm health!
Work on all aspects of infield, outfield and catching!
All while training with the
Unionville Baseball Coaches & Players

***Don't miss this great opportunity
to meet and work with***

***UHS Varsity Head Coach - Mike Magee,
his coaching staff and players!***



Registration is **\$50** for one clinic or **\$90** for both!!
With all proceeds going to the UHS Diamond Club
To register please e-mail Coach Magee
coachmagee8@gmail.com

**Register by Feb 1st to receive a free
Unionville Baseball T-shirt**

Follow us on Twitter: [@unionvillebaseb](https://twitter.com/unionvillebaseb)

Follow us on Facebook: [Unionville High School Baseball](https://www.facebook.com/UnionvilleHighSchoolBaseball)

Registration Form

Please bring the completed registration form and waivers with you to the clinic

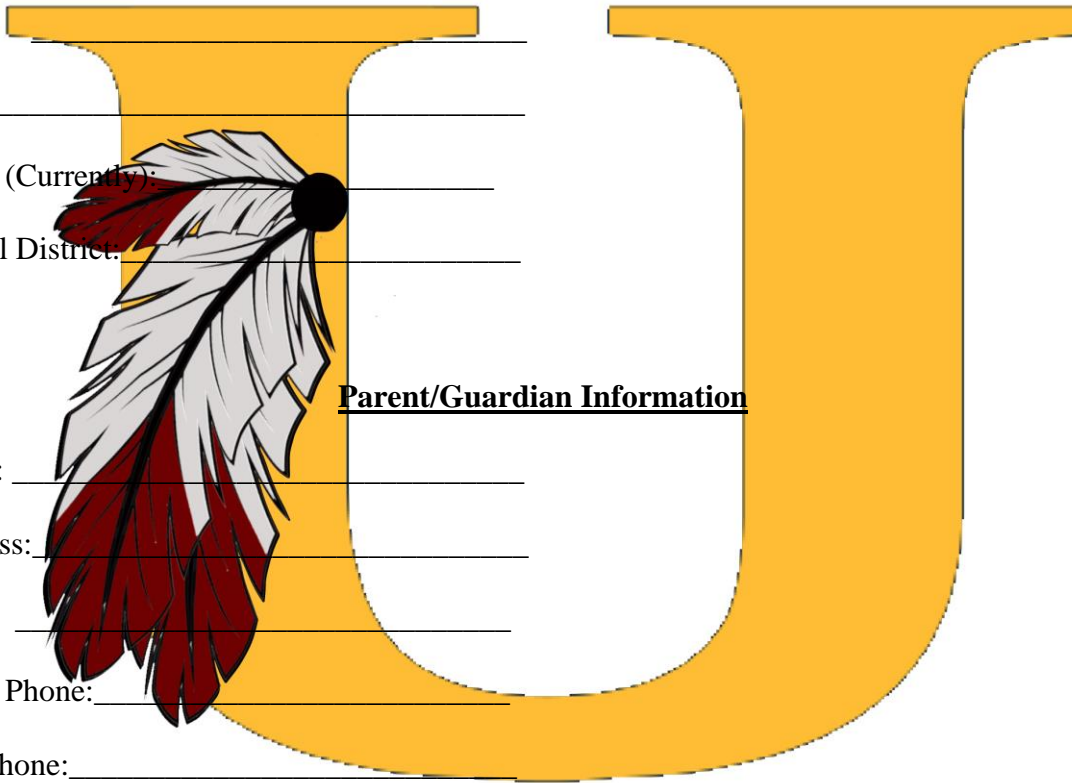
Player's Name _____

Address: _____

Age: _____

Grade (Currently): _____

School District: _____



Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Please check which clinic you will attend

Hitting Clinic: \$50 _____ Pitching/Catching/IF/OF Clinic: \$50 _____

Sign up for both and save: \$90 _____

T-Shirt Size (If signed up Feb 1st)

Youth				Adult			
S	M	L	XL	S	M	L	XL

Release/Waiver

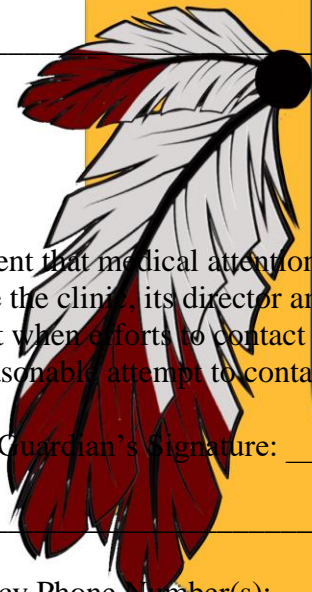
I hereby give my child permission to participate in the Skills/Drills Clinic. I certify that he/she is physically fit and capable of participation in strenuous physical activity. I understand that the Clinic, its director and staff are not responsible for any accident or injury to my child from or in connection with the clinic and any of its activities. I agree to indemnify and hold the clinic, its directors and staff harmless for any accident or injury to my child arising from participation in the clinic

Child's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____



**Authorization to Consent to
Medical Treatment**

In the event that medical attention and/or treatment are necessary for my child, I hereby authorize the clinic, its director and staff to give consent to such medical attention and/or treatment when efforts to contact me are unsuccessful. I understand that the clinic will make every reasonable attempt to contact me.

Parent's/Guardian's Signature: _____

Date: _____

Emergency Phone Number(s): _____

Health Insurance Carrier: _____

Insurance Identification Number: _____

Child's Physician: _____

Physician's Phone Number: _____

List any medical conditions or special instructions in case of injury:

