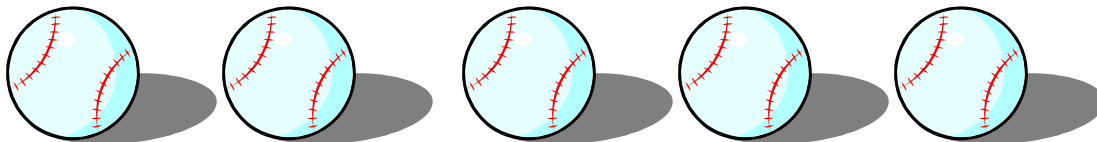


Winter Baseball Program

(Sponsored by Lakeshore Baseball and Softball)



**These clinics will be directed by Skaneateles Varsity Baseball Coach,
Tom Warner.**

**January 9, 16, 23, 30
2:00 – 3:00pm
High School Gymnasium
Ages 12 and under**

This is a 4 week program meant to help baseball/softball players fundamentals in the areas of throwing, hitting, and fielding. All athletes will work on a progression of skills from week to week.

FEE: \$40 payable to Tom Warner – Register by mail to Tom Warner, 112 Matterson Avenue, Syracuse 13219

Registration due by **January 6**

Skaneateles **Winter Baseball Program 2010** Registration/Permission Slip

Participant _____ Age _____ Grade _____

Street _____ City _____ Zip _____

Parent/Legal Guardian _____ Home# _____ Cell# _____

Email _____ Medical Info/allergies _____

I hereby verify that my child has had a physical exam within the past year, is in good health, and may participate in all camp activities. In addition, I authorize any emergency medical treatment deemed necessary for my child, to be administered by the attending medical staff, and agree not to hold the medical staff and its coaches/employees liable for any injuries. I agree that Lakeshore baseball and Softball, employees/coaches of this camp will not be liable for any legal claims arising out of unforeseen conditions, accidents, or negligence of any third party. Please be aware that participants will join activities at their own risk. There is no accident insurance for participants in this baseball camp.

Parent Signature _____ **Date** _____

**Contact Tom Warner with any questions (315) 263-1611 or
lemoynebaseball@hotmail.com**