



9TH ANNUAL KINGSWAY YOUTH BASEBALL CLINIC

- **WHEN:** Saturday March 4TH 2017
- **WHERE:** Kingsway Regional High School Gymnasium (North Gym)
- **3-SESSIONS:**
 - **T-BALL:** 5-6 Y/O 12:00 pm – 1:30 pm
 - **COACH PITCH/MINORS:** 7-9 Y/O 2:30 pm – 5:00 pm
 - **MAJORS/JUNIORS:** 10-14 Y/O 5:30 pm – 8:00 pm (No Freshman)
- **COST:** \$35.00 (7-14 Year Olds) / \$30.00 (T-Ball 5-6 Year Olds) Includes Clinic T-shirt
 - **Note:** \$5.00 registration fee on day of event

INSTRUCTORS:

IAN ENDERS

HEAD COACH, KINGSWAY HIGH SCHOOL

DENNIS BURLINGAME

ASST. VARSITY COACH, KINGSWAY HS/FORMER AAA PITCHER (ATLANTA BRAVES)

JOHN GREEN

ASST. COACH, KINGSWAY HIGH SCHOOL

VARSITY TEAM MEMBERS

MEMBERS OF THE 2015 TEAM WILL BE ON HAND TO INSTRUCT

(MAIL OR E-MAIL REGISTRATION FORM A.S.A.P. to address or e-mail address below, LIMITED SPACES AVAILABLE)

NAME: _____ **AGE:** _____ **LEAGUE:** (T-ball, Minor, Major, Junior) _____

ADDRESS: _____ **ST:** _____ **ZIP:** _____

SHIRT SIZE: (CIRCLE ONE) YOUTH or ADULT (CHECK ONE) SM: ____ MED: ____ LRG: ____ XLG: ____ XXL: ____

PHONE #: ____ - ____ - ____ **E-MAIL ADDRESS:** _____

NOTE: KINGSWAY BASEBALL BAT BOY SIGN-UP (PLEASE CIRCLE ONE): Yes interested No not interested

MAKE CHECKS PAYABLE TO: “KINGSWAY BASEBALL” Payment Prior to the Clinic is encouraged.

MAIL TO: ATTN: Matt Miller
13 Clover Ridge Drive
Mickleton, NJ 08056

OR E-MAIL TO: mmillernews@aol.com

*****NOTE: LIMITED SPACE AVAILABLE*****

NOTE: It is mandatory that the Waiver be signed when submitting the registration form.

Waiver: In consideration of the acceptance of the registration application and intending to be legally bound, I herby waive all claims for myself, my heirs and assign against the Kingsway Baseball Youth Clinic (KBYC), Kingsway Regional School District, the coaches, and all other persons participating in the KBYC activities for any injury or illness which may result from the child's participation in the KBYC. I further acknowledge the child is in proper physical condition to participate in the KBYC.

Parent/Guardian Signature: _____

Date: _____