

L.H.S. Youth Baseball Player Development Sessions

Where Lowell High School Field House

When Sundays **2-23, 3-1, 3-8** & Saturday **3-14**. (4 weeks)

Time 12-2 p.m.

Ages 6-13

Cost \$90 (\$10 discount per sibling) Checks made payable to Lowell High Baseball

This 4 week indoor clinic focuses on the skills of hitting, fielding, throwing and base running. Players are separated into age groups and rotated through different stations.

For further information email Coach Dan Graham @ dgraham@lowell.k12.ma.us

Child's name: _____ Age: _____

_____ Date of Birth: _____ School presently attending: _____

Parent/Guardian: (print) _____

Address:

Telephone:

e-mail
address

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 ()