

ANDOVER SUMMER BASEBALL CLINIC



Who: Any Athlete entering the grades between **4th** to **9th**, who is looking for a fun and exciting way to improve their baseball skills.

Date: **MAY 28th – MAY 30th**

Place: Andover High School Baseball Fields (weather permitting)
1744 N. Andover Road, Andover, Kansas 67002

Times: **9:00 – 12:00 p.m.**

Price: \$80.00–Checks made payable to: **ANDOVER TROJANS BASEBALL CLUB**

Proceeds: All proceeds from the camp go towards the **Andover Trojans Summer Baseball Program.**

Activities: The clinic will go over the fundamentals of hitting, fielding, throwing and base running. Athletes will be separated by **their ages and abilities and taught age appropriate drills and skills.** The clinic is designed to get make baseball as fun as possible.

Registration: To register send the form below by mail along with check or money order to :
Chris Weidert
607 W. Edgemont Ct
Andover, KS 67002

If you have any questions or would like to register the day of the camp please contact Coach Weidert at weidertc@usd385.org or 620-481-3547 to confirm a slot for your athlete in the clinic. Check in will be at 11:30 on May 28th at the Andover High School Baseball Field. (behind school)

Participants Name _____ Phone _____

Address _____

E-Mail _____ Incoming Grade in School _____

Parental Release and Indemnity Agreement

Upon acceptance of this application, my minor child (_____) will be eligible for participation in the Andover Summer Baseball Clinic. I agree to release Andover High School and its employees and Coach Chris Weidert and staff, from all claims on account of injuries or losses which may be sustained by my minor child while attending camp.

Parent Signature _____ **Date** _____

Emergency Contact _____ **Phone Number** _____