October 8th, 2017 - Fall Clinic

“We are excited to open the beautiful Prentiss Field to high school players interested in skill development and competition. This will be a fun event and we are hopeful to see a mix of local talent combined with players from all over the country.” - Coach Righter

Please reserve your slot by contacting Coach Righter through email. Check-in will start at 8am on Sunday, October 8th. Lunch will be provided. Contact Coach Righter at mrighter@vassar.edu to reserve your spot today. Cost - $125.

1. 8-9AM
   Check in followed by brief introductions

2. 9:30 - 11:30AM
   Stations (baserunning, defense, bullpens and hitting)

3. 1-4PM
   Games - players will get equal # of at bats and time on the mound

To RSVP today:
Email Coach Righter mrighter@vassar.edu
Or call 8454375344

Go Brewers!
PERSONAL INFORMATION & MEDICAL HISTORY
PLEASE RETURN TO CLINICS HEAD COACH BEFORE PARTICIPATION

Name _____________________________________________________    Birth Date ______________      Age at Clinic __________

Last     First    Middle

Gender:             Male    Female

Parent/guardian_____________________________________   Home Ph. _______________   Cell Ph. _______________

Emergency contact (if other than parent or guardian):
Name/Relationship ____________________________________   Home Ph. ______________    Cell Ph. ______________________

GENERAL QUESTIONS: (Please explain all “Yes” answers below.)

Has/does the participant:
Yes   No
1. Had any recent injury, illness or infectious disease?................................................…………
2. Have a chronic or recurring illness/condition? ..…….
3. Been hospitalized within the last year ? ...............
4. Had surgery within the last year? .........................
5. Been restricted from activity within the last year?
6. Ever had a head injury/ concussion?orused?....................
7. Ever been knocked unconscious? ........................
8. Ever passed out during or after exercise? ……….
9. Ever passed out during or after exercise? ..……..
10. Ever had seizures? ...…………………………….
11. Have asthma and/or use an inhaler? …………………….
12. Have severe allergies/ require an Epi-Pen? ..............
13. Have diabetes?......................................................
14. Ever had issues exercising in the heat (heat cramps, exhaustion, stroke)? ..............................
15. Have a current joint sprain ?...............................
16. Have a current muscle strain? ........................................
17. Currently wear any protective braces/ taping?................
18. Absence of a paired organ?........................................
19. Seen for physical therapy in the last year?..............
20. Had problems with diarrhea/constipation?....................
21. Diagnosed with a learning/emotional disorder?........... 

Please explain any yes answers, noting the number of the question:
______________________________________________________________________________________
______________________________________________________________________________________

ALLERGIES: List all known. (medications, food, other)
1. _______________________

Describe reaction and management of the reaction.
______________________________________________________________________________________

Is there any reason why this camper’s activity at camp should be restricted in any way?
______________________________________________________________________________________