

COME TRAIN WITH THE VIKINGS!

*District Champions - 2019, 2017,
2016, 2015, 2014, 2010*

*Division Champions - 2015, 2014,
2010, 2009, 1990, 1989, 1987*

PCL Champions - 2015, 1993, 1990

School Website:

www.archwood.org

Baseball Website:

www.woodbaseball.org

Twitter:

@WoodVikingsBSBL

Facebook:

Archbishop Wood Baseball

Eighth Annual
Archbishop Wood Baseball
Winter Clinic
(Grades 5th through 8th)



CLINIC DATE FOR 2021

***Hitting, Fielding &
Baserunning Clinic***

Monday, February 15th (Presidents Day)

**Clinic Location: All-Star Baseball Academy
1537 Campus Drive, Warminster, PA 18974**

ARCHBISHOP WOOD BASEBALL YOUTH BASEBALL CLINIC

HITTING, FIELDING & BASERUNNING

The Archbishop Wood Baseball coaching staff and players will be conducting our Youth Baseball Clinic this winter on Presidents Day.

The purpose of these clinics is two-fold.

First, we wish to interact with the players and teach the basics of Hitting, Fielding & Baserunning.

Second, these youth clinics will serve as a fundraiser for our baseball program.

100% of the proceeds from these clinics will be applied toward our baseball program expenses.

Thank you in advance for your support of the

Archbishop Wood Baseball Program.

Enrollment Information

- Age Group:** Grades 5th through 8th
- Equipment:** Bring your own **glove, bat and helmet.** Players should wear turfs or sneakers, **NO SPIKES!** Clinic will supply T-shirt and other necessary equipment.
- Information:** **Monday, February 15th (Presidents Day)**
Location: All-Star Baseball Academy
***12:00-2:00 PM for grades 5, 6, 7 & 8**
- Fees:** Monday February 15th Clinic: \$30.00
(Focus will be on Hitting, Fielding and Baserunning)
- Questions:** Call Jim DiGuseppe Jr. at 215-208-1854
E-mail woodbaseball14@comcast.net

Eighth Annual "Archbishop Wood Baseball" Winter Clinic

Registration Form

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Grade: _____ Position: _____

City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

E-Mail: _____

Current School: _____

T-Shirt Size: _____ (Sizes available YS, YM, YL, AS, AM, AL, AXL)

Medical and Insurance Information

As parent or legal guardian of above applicant, I authorize the Archbishop Wood Baseball staff to request medical treatment as necessary to ensure the well-being of the applicant. We, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge Archbishop Wood Baseball, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all claims for damages to person or property which may occur or be sustained during participation in the Archbishop Wood baseball clinic activities, or travel to and from the program, whether said damages, injury or loss are due to negligence or not.

Parent/Guardian must sign: _____

Date: _____

Winter Clinic fee:

Monday February 15, 2021 \$ 30
(Presidents Day)

Make check payable to: Archbishop Wood Baseball

Please send this registration form, along with payment to:

**Archbishop Wood HS
655 York Road
Warminster, PA 18974
ATTN: Archbishop Wood Baseball Clinic**