

COME TRAIN WITH THE
DISTRICT XII 5A
CHAMPION VIKINGS!

School Website:
www.archwood.org

Baseball Website:
www.woodbaseball.org

Twitter:
[@WoodVikingsBSBL](https://twitter.com/WoodVikingsBSBL)

Facebook:
Archbishop Wood Baseball

Fifth Annual
Archbishop Wood Baseball
Youth Winter Clinics
(Grades 3rd through 8th)



CLINIC DATES FOR 2018

Session #1: Hitting & Base Running Clinic
Monday, January 15th (Martin Luther King Jr. Day)

**Located at: Intensity Sports - 3633 Old Easton Road
Doylestown, PA 18901**



Session #2: Pitching, Catching & Fielding Clinic
Monday, February 19th (Presidents Day)

**Located at: SMG Sportsplex - 654 York Road
Warminster, PA 18974**

ARCHBISHOP WOOD BASEBALL

YOUTH BASEBALL CLINICS

*HITTING, BASE RUNNING, FIELDING,
PITCHING & CATCHING*

The Archbishop Wood Baseball coaching staff and players will be conducting two (2) Youth Baseball Clinics over the winter.

The purpose of these clinics is two-fold.

First, we wish to interact with the players and teach the basics of Hitting, Base Running, Fielding, Pitching & Catching.

Second, these youth clinics will serve as a fundraiser for our Spring Training trip to Myrtle Beach.

100% of the proceeds from these clinics will be applied toward our team Spring Training expenses to Myrtle Beach.

Thank you in advance for your support of the
Archbishop Wood Baseball Program.

Enrollment Information

- Age Group:** Grades 3rd through 8th
- Equipment:** Bring your own **glove, bat and helmet.** Players should wear turfs or sneakers, **NO SPIKES!** Clinic will supply T-shirt (one total) and other necessary equipment.
- Information:** **Monday, January 15th (Martin Luther King Jr. Day)**
Located at: Intensity Sports – Doylestown, PA
***9:00-10:45am for grades 3 & 4**
***11:00am-12:45pm for grades 5 & 6**
***1:00-2:45pm for grades 7 & 8**
- Monday, February 19th (Presidents Day)**
Located at: SMG Sportsplex – Warminster, PA
***2:15-4:00pm for grades 3, 4 & 5**
***4:00-5:45pm for grades 6, 7 & 8**
- *Our grade groupings may be adjusted based on the enrollment for each grade.*
- Fees:** Monday January 15th Clinic: \$40.00
(Focus will be Hitting & Base Running)
- Monday February 19th Clinic: \$40.00
(Focus will be Pitching, Catching & Fielding)
- Both Clinics: \$75.00
- Questions:** Call Jim DiGuseppe Jr. at 215-208-1854
E-mail woodbaseball14@comcast.net

Fifth Annual "Archbishop Wood Baseball" Winter Clinics

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: _____

Youth Winter Clinic fee for:

Monday January 15, 2018 \$ _____
(Martin Luther King Jr. Day)

Monday February 19, 2018 \$ _____
(Presidents Day)

Sign up for both clinics \$ _____

Make check payable to: Archbishop Wood Baseball

**Please send this registration form, along with payment,
Intensity Sports & SMG Sportsplex waiver forms to:**

**Jim DiGuseppe, Jr.
23 Schan Drive
Churchville, PA 18966
ATTN: Archbishop Wood Baseball Clinics**

Intensity Sports LLC

Waiver Form

Participation in all sports and physical activities involves certain inherent risks and, regardless of the care taken, it is impossible to ensure the safety of the participant. Baseball/Softball requires agility, coordination, strength, balance, and a high level of cardiovascular fitness. It involves moderate activity levels for 1 or more hours, with many quick bursts of speed.

Players also participate in repetitive throwing that requires adequate arm strength. Baseball/Softball involves fast moving objects, such as swinging bats, thrown balls, and occasionally body to body contact.

Therefore, baseball workouts also require quick mental abilities and reactions. While the workouts are reasonably safe, as long as the safety guidelines are followed, there are some elements of risk that cannot be eliminated from the activity.

A variety of injuries may occur to a baseball /softball participant. Some examples of those injuries are:

- Minor injuries such as scrapes, bruises, sprains and strains.
- More serious injuries such as broken bones, cuts, concussions, eye injuries (including loss of vision), internal elbow and shoulder injuries, and head/neck/spine injuries. Catastrophic injuries such as heart attacks, paralysis, and death.

These, and other injuries, sometime occur in baseball /softball as a result of hazards or accidents such as being struck by a ball, being struck by a bat, colliding with another player, sliding, slipping, or excessive stress placed on the cardiovascular system.

To help reduce the likelihood of injury to you and to other participants, players are expected to adhere to the following rules:

- All participants are expected to wear proper footwear and clothing.
- All participants are expected to wear the proper protective equipment.
- All participants are expected to follow all rules and regulations set forth by the coaches/instructors.
- All participants are expected to avoid swinging or throwing when it might endanger another player.
- All participants are expected to notify the coach/instructor of any injury as soon as it occurs.

I agree to follow the preceding safety rules, all posted safety instructions, and all rules common to the sport of baseball/softball and the workouts. Further, I agree to report any unsafe practices, conditions, or equipment to the coach/instructor.

I read the preceding information and it has been explained to me if necessary. I know, understand, and appreciate the risks associated with participation in baseball/softball and I am voluntarily participating in the activity. In doing so, I am assuming all of the inherent risks of the sport. I further understand that in the event of a medical emergency, management will call EMS to render assistance and that I will be financially responsible for any expenses involved.

In consideration of being permitted to participate, on behalf of myself, my family, my heirs, and my assigns, I hereby release Total Skills Baseball, LLC, its coaches/instructors, and associates from liability for injury, loss, or death to myself, while in any way associated with participating in any facility rental, individual/group lesson, camp or program both indoor and outdoor now or in the future regardless of negligence of Total Skills Baseball, LLC, its coaches/instructors and associates. This includes sudden and foreseen malfunctioning of any equipment and your slipping/falling while in Total Skills Baseball, LLC or on their premise including adjacent sidewalks and parking areas.

Parent/Guardian Signature _____ Date _____

Player Signature _____ Date _____

SMG Sportsplex

Waiver Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

D.O.B.: _____

Sport:

Soccer

Basketball

Football

Volleyball

Baseball

In signing this waiver form below, I release SMG Sportsplex and other involved parties from any claims or responsibility for injuries suffered in this league or program. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in sports. Further, I authorize that site director to request medical treatment as necessary to insure safety.

Also by signing below, I take all responsibility for knowing and abiding by the rules of the SMG Sportsplex. If I do not abide by rules of the SMG Sportsplex, I risk being banned from the facility and having my money forfeited.

Parent/Guardian Signature: _____

Player Signature: _____

Date: _____