



*St. Anthony Boosters Baseball*



ST. ANTHONY BASEBALL ASSOCIATION

# Spring Training and Tryout Prep

**Dust off your gloves and get ready for tryouts and the spring season!**

**Join the St. Anthony Sports Boosters and St. Anthony Baseball Association for youth baseball hitting, fielding, and throwing workouts**

**\$5 per session**  
**3<sup>rd</sup> grade – 5<sup>th</sup> grade: 2pm-3:30pm**  
**6<sup>th</sup> grade – 8<sup>th</sup> grade: 3:30pm-5pm**  
**Sundays February 5<sup>th</sup> – March 11<sup>th</sup> (except Feb. 19<sup>th</sup>)**

**Please have your child bring:**

**Glove**

**Bat (if possible)**

**Helmet (if possible)**

**Personal Protection is suggested**

**SABB bats and helmets will be provided**

**\* Please bring a pair of DRY athletic shoes to put on before entering the gym for best traction while fielding and hitting \***

Information posted at:

[www.boostersbaseball.com](http://www.boostersbaseball.com); [www.stanthonybaseball.com](http://www.stanthonybaseball.com)

**Please complete the form on the next page and turn in at clinic**

Checks should be made out to SABA

# 2012 Baseball Clinic

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

## WAIVER TO PARTICIPATE BY PARENT

In Consideration of your accepting my child's entry, I hereby, for myself my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the St. Anthony Sports Boosters Inc, the St Anthony Baseball Association, ISD 282 or their representatives, successors and assigns for any and all injuries myself, or my child at any activity sponsored by these people.

SIGNATURE (PARENT OR GUARDIAN)

\_\_\_\_\_ DATE \_\_\_\_\_