



2019 Lexington Baseball Clinic

The 2019 Lexington High School Baseball Clinic will focus on the basic fundamentals of baseball— base running, throwing, fielding, batting, pitching and catching—through group drills with one-on-one instructions provided by the High School coaching staff and varsity baseball players. The camp will consist of three 1.5 hour sessions with each focusing on a specific aspect of the game of baseball. Participants may choose to attend any of the sessions they are interested in— indicate the sessions you will attend at the bottom of this page. Walk-ups are welcome.

WHEN: March 5th → 4:30-6pm hitting/bunting and base running
March 7th → 4:30-6pm defense/fielding outfielders and infielders
March 12th → 4:30-6pm pitchers/catchers. Pitcher fielding defense.

WHERE: Lexington High School Field House

WHO: All boys ages 10-14 or grades 4-8

COST: \$25 if attending all 3 sessions
\$10 per session otherwise
Make checks out to the "Lexington Athletic Boosters".
Any boy signing up for all 3 sessions will receive a t-shirt.

THINGS TO BRING: glove, bat, batting helmet (if have one), tennis shoes, water bottle (just plain water please)
**Catchers bring your own gear.

Please complete the form below and return with fee to Coach Morrow at Lexington High School, Athletic Office 103 Clever Lane.

Participant's Name: _____ Phone: _____

School: _____ Grade: _____

SESSIONS ATTENDING

March 5th → 4:30-6pm

March 12th 430-6pm

March 7th → 4:30-6pm

T-Shirt Size (adult or youth sizes)

YS	YM	YL	XL
AS	AM	AL	AXL

Address: _____ City: _____ Zip: _____

Emergency contact: _____ Phone: _____

List any medical problems that should limit participation: _____

My son has my permission to participate in the Lexington Baseball Clinic and all of its activities except for those mentioned above. I furthermore release, exonerate and discharge the clinic and its staff from any and all actions or causes of actions, known or unknown, from injuries incurred in the camp. I also delegate the Clinic coaching staff the authority to seek, obtain, and approve any medical care and treatment for my son that in their judgment is necessary for the health and well-being of my son during his attendance at the Clinic. Furthermore, I agree to hold the Clinic staff harmless for any liability arising out of any good faith actions taken in seeking and obtaining medical care and treatment for my son. I understand and agree that all costs incurred are my responsibility.

Parent/Guardian Signature: _____ Date: _____