

2019 Saber Baseball Pitching Clinics at SHS Auxiliary Gym

Please circle the age level (2019 player age level) and dates the player will be attending:

*Ages: 9, 10 or 11 **Pitching (1:00-2:00)** 2/10 2/17 2/24 3/10 3/17

*Ages: 12 or 13 **Pitching(2:00-3:00)** 2/10 2/17 2/24 3/10 3/17

*Ages: 14 or 15 **Pitching (3:00-4:00)** 2/10 2/17 2/24 3/10 3/17

Total Cost (**cost is \$15 per session, or \$60 for all 5 sessions**): _____

Player's name: _____

Parent's name: _____

Parent's e-mail: _____

Best Phone Number to call during clinics: _____

Please send completed registration form and payment to:

SYBA
% Tom Schleper
1779 Presidential LN
Shakopee, MN 55379
Phone: 952-250-7607
E-mail: tschlepe@shakopeeschools.org

As with any athletic training, there is risk of injury. SYBA and the Shakopee coaching staff will be cognizant of safety concerns with all athletes; however, by signing this form I understand that SYBA, the Shakopee Sabers Baseball Coaches, and ISD 720 will not be held liable for any injuries occurred at the Saber Baseball Clinics:

Parent's signature required: _____ Date: _____

You will receive confirmation through e-mail when registration and payment are received.