

2019 Saber Baseball Defensive Clinics at SHS Field House

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

- *Ages:** 9, 10 or 11 **(11:00-noon)**
- **Infielders** 2/10 2/17 2/24
 - **Outfielders** 3/10 3/17
 - **Catchers** 3/10 3/17

- *Ages:** 12 or 13 **(noon-1:00)**
- **Infielders** 2/10 2/17 2/24
 - **Outfielders** 3/10 3/17
 - **Catchers** 3/10 3/17

- *Ages:** 14 or 15 **(1:00-2:00)**
- **Infielders** 2/10 2/17 2/24
 - **Outfielders** 3/10 3/17
 - **Catchers** 3/10 3/17

(Cost is \$15/session; or \$35 for all 3 IF Sessions or \$25 for the 2 OF or 2 Catchers Clinics)

Total Cost:: _____

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.