

2018 WILSON BASEBALL YOUTH CLINIC

This Wilson Baseball Youth Clinic is designed to help you develop baseball skills and encourage sportsmanship. With these goals in mind, the clinic objectives are to...

- 1.) Teach the fundamentals of hitting and pitching.
- 2.) Learn proper instruction of infield and outfield play.
- 3.) Establish an atmosphere where the values of sportsmanship, commitment, and team are emphasized.
- 4.) Send each player home a better student-athlete.

AND FEATURES...

- Top notch staff
- Low cost
- Two gyms
- Two batting cages
- Contests & door prizes



STAFF: Wilson Baseball Coaching Staff and members of the Wilson High School Baseball Team

FOR: Any young man ages 7 to 14

DATE: Saturday, March 10, 2018

SESSION: **Session 1 – Ages 7 to 10 8:00am to 11:00am**
(Parents are encouraged to attend the competition finals and the closing ceremony beginning at 10:30am.)

Session 2 – Ages 11 to 14 12:00pm to 3:00pm
(Parents are encouraged to attend the competition finals and the closing ceremony beginning at 2:30pm.)

LOCATION: **Wilson West Middle School Gymnasium/Auxiliary Gym**

COST: Registration & Payment by February 16th – **\$50** per player
after February 16th – **\$60** per player

THINGS TO BRING TO CLINIC...

1. Baseball glove
2. Baseball bat (labeled with your name)
3. Workout Clothing with Sneakers
4. Water bottle (labeled with your name)
5. Positive attitude

2018 WILSON BASEBALL YOUTH CLINIC REGISTRATION FORM

THIS FORM IS ALSO AVAILABLE ON THE WILSON WEB SITE

www.wilsonsd.org

GO TO ATHLETICS/COMMUNITY REC PROGRAMS/CAMPS & CLINICS TO LOCATE INFORMATION AND LINK TO REGISTRATION FORM.

PLEASE MAIL PAYMENT WITH THIS REGISTRATION FORM

Choose a session and fill out below with appropriate information:

Session 1 (Ages 7 to 10): 8:00am to 11:00am
*Competition Finals & Closing Ceremony begins @ 10:30am

Session 2 (Ages 11 to 14): 12:00pm to 3:00pm
*Competition Finals & Closing Ceremony begins @ 2:30pm

PLAYER NAME _____

ADDRESS _____

T-shirt size (Circle one) – Youth: S M L XL or Adult: S M L XL

CURRENT GRADE/BUILDING _____ / _____ **AGE** _____

PARENT/GUARDIAN CONTACT (During Clinic) _____

E-MAIL _____

PHONE # _____

PARENT/ GUARDIAN CONSENT

I, hereby, give my consent for my son to participate in all activities of the Wilson Baseball Clinic. I release the Wilson School District and any other involved parties from any claims or responsibility for any injuries suffered during this activity. I knowingly assume all risks associated with participation, even if arising from the negligence of participants or others, and assume FULL responsibility for my child's participation. I certify that my child is in good physical condition and can participate. Further, I authorize the site director to request medical treatment as necessary to ensure my child's well-being.

Signature Parent/Guardian

OFFICE USE ONLY:

DATE RECEIVED IN OFFICE _____

PAYMENT: CASH _____ **CHECK #** _____



"GET A START ON THE UPCOMING SEASON!"

2018 WILSON BASEBALL YOUTH CLINIC

Wilson School District is offering, to **residents of the Wilson School District**, a baseball clinic designed to give you an opportunity to improve skills, enhance techniques and become a better baseball player. Wilson Varsity Coach Sal Raccuglia will be directing this camp with the assistance of the baseball coaching staff and the Wilson High School baseball team.

RULES AND REGULATIONS

All individuals enrolled are required to comply with the rules and regulations of the Wilson School District. Any violation of these rules will result in dismissal from the clinic without a refund.

TRANSPORTATION

Transportation to and from the camp/clinic will be each participant's responsibility.

CAMP SIZES

Each camp has a size limit (min. as well as max.). Registration for all camps is **first come – first served**. Please be advised, if you register a child for a camp that is filled you will be notified and placed on a waiting list.

TO MAIL IN YOUR REGISTRATION OR IF YOU HAVE QUESTIONS OR NEED MORE INFORMATION

Contact: Wilson School District
Athletic Office
Attn: Sal Raccuglia
2601 Grandview Blvd.
West Lawn, PA 19609



*Contact Coach Raccuglia if you have any questions:

Racsal@share.wilsonsd.org (610) 670-0180 ext.4260

Make checks payable to the: WILSON SCHOOL DISTRICT

ALL REGISTRATION FORMS MAY BE MAILED INTO THE ATHLETIC OFFICE. PLEASE REMEMBER IF MAILING IN THE REGISTRATION, THAT WITHOUT SOME FORM OF PAYMENT, A SPOT WILL NOT BE SAVED FOR THE CAMPER. SHOULD A CANCELLATION OF THE CLINIC OCCUR, A REFUND MINUS \$20 PROCESSING FEE MAY BE REQUESTED.