

2020  
UNIONVILLE HIGH SCHOOL BASEBALL



UNIONVILLE  
HIGH SCHOOL  
*Catch the Spirit*

The UHS Baseball team welcomes you to join us for our  
**7<sup>th</sup> Annual Winter Skills Series**  
for all players ages 7-14



**Hitting Clinic Session**  
**Sunday February 9, 2020**  
**10 AM – 12 PM**

in the  
Unionville High School Auxiliary Gym

**Pitching/Catching/IF/OF Clinic  
Sessions**


**Wednesday February 19, 2020**  
**6 PM – 8 PM**

in the  
Unionville High School Main Gym

Get ready for your URA evaluations in March!!  
Fine tune and improve your hitting!!  
Work on pitching mechanics to promote arm health!  
Work on all aspects of infield, outfield and catching!  
All while training with the  
Unionville Baseball Coaches & Players

***Don't miss this great opportunity  
to meet and work with***

***UHS Varsity Head Coach - Mike Magee,  
his coaching staff and players!***



Registration is **\$50** for one clinic or **\$90** for both!!  
With all proceeds going to the UHS Diamond Club  
To register please e-mail Coach Magee  
[coachmagee8@gmail.com](mailto:coachmagee8@gmail.com)

**Register by Feb 1st to receive a free  
Unionville Baseball T-shirt**

Follow us on Twitter: [@unionvillebaseb](https://twitter.com/unionvillebaseb)

Follow us on Facebook: [Unionville High School Baseball](https://www.facebook.com/UnionvilleHighSchoolBaseball)

## *Registration Form*

Please bring the completed registration form and waivers with you to the clinic

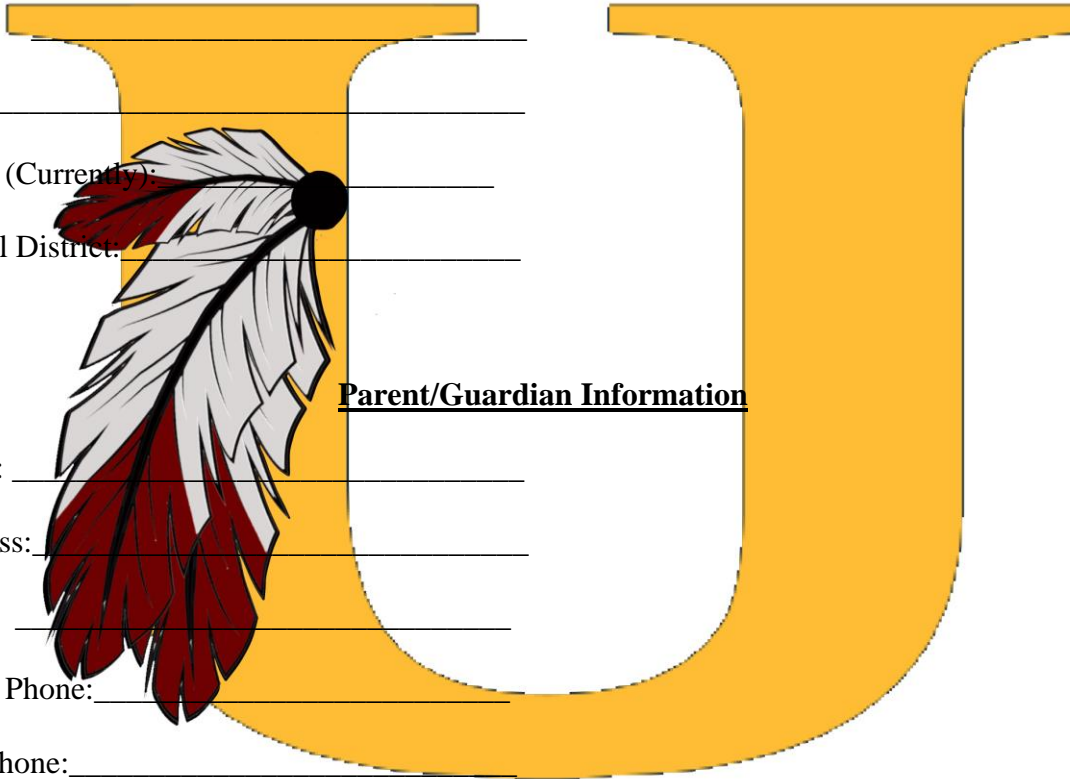
Player's Name \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Grade (Currently): \_\_\_\_\_

School District: \_\_\_\_\_



### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please check which clinic you will attend

Hitting Clinic: \$60 \_\_\_\_\_      Pitching/Catching/IF/OF Clinic: \$60 \_\_\_\_\_

**Sign up for both and save: \$90 \_\_\_\_\_**

**T-Shirt Size (If signed up Feb 1<sup>st</sup>)**

Youth				Adult			
S	M	L	XL	S	M	L	XL

**Release/Waiver**

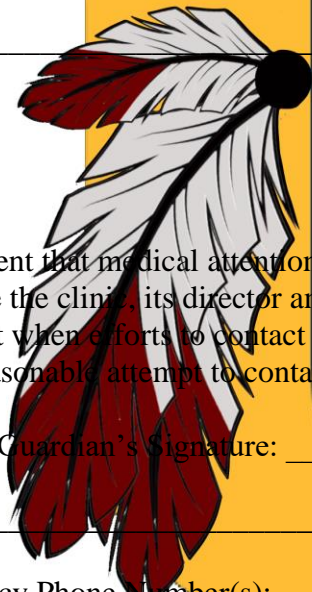
I hereby give my child permission to participate in the Skills/Drills Clinic. I certify that he/she is physically fit and capable of participation in strenuous physical activity. I understand that the Clinic, its director and staff are not responsible for any accident or injury to my child from or in connection with the clinic and any of its activities. I agree to indemnify and hold the clinic, its directors and staff harmless for any accident or injury to my child arising from participation in the clinic

Child's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Authorization to Consent to  
Medical Treatment**

In the event that medical attention and/or treatment are necessary for my child, I hereby authorize the clinic, its director and staff to give consent to such medical attention and/or treatment when efforts to contact me are unsuccessful. I understand that the clinic will make every reasonable attempt to contact me.

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

List any medical conditions or special instructions in case of injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_