



# South St. Paul Youth Baseball Winter Training



**When:** Wednesdays 6:00-7:30 January 9th- March 6

**Who:** Players 9-11 yrs. old(**MUST be in grades 4-5**) interested in Tournament Team/Traveling baseball

**Where:** Packer Activity Center(PAC), 700 2<sup>nd</sup> Street N, SSP 55075

**What:** Structured weekly training and drills. Fielding drills, pitching and throwing mechanics, hitting mechanics, hitting off the batting t's, pitching machine, soft toss, and more.

**Cost:** \$40 Includes PAC Rental, group drills, & training.  
\$5.00 drop in fee per session also available

**Make checks out to SSPYBA:** Mail in with completed copy or bring to your 1<sup>st</sup> session.

\*\*PLEASE NOTE THAT PLAYERS USE THEIR OWN EQUIPMENT AT THEIR OWN RISK AND SSPYBA IS NOT RESPONSIBLE FOR DAMAGED, LOST, OR STOLEN EQUIPMENT!!

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**Mail to SSPYBA, PO Box 725, South St. Paul, MN 55075**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Parent/Legal Guardian Agreement

I, the parent/guardian/participant, in registering, understand that he/she/I in attending the above program and using the facilities at which the program is conducted does so at his/her/my own risk. SSPYBA, and its employees and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participating in or about any programs offered by SSPYBA. I acknowledge that I am aware of the risk inherent in participating, that considerable physical exertion can be required; and could potentially lead to injuries; possible permanent disability and or death. Participants and parents/guardians assume full responsibility for all injuries and damages which may occur in or about any programs and he/she/I do or does hereby fully and forever release, discharge and hold harmless SSPYBA, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present and future resulting from or arising out of any participation in any programs or use of facilities. Also, he/she/I waives all rights to any photos taken for use in any SSPYBA publication.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_