

TWINSBURG HIGH SCHOOL

HOLIDAY BASEBALL CLINIC



WHEN: December 27 & 28, 2022

WHERE: Twinsburg High School Gymnasium @ 10084 Ravenna Rd. Twinsburg, OH 44087

WHO: Boys and girls in grades 3rd – 8th

TIMES: 8:30am – 11:30am

COST: \$75 – cash or check payable to “Twinsburg Athletic Boosters c/o Baseball”
** Registration deadline is Monday, December 12, 2022 **

Join the Twinsburg High School baseball team at their 2nd annual Holiday Baseball Clinic! The camp will be directed by Twinsburg Baseball Head Coach, Jeff Luca. Current coaches and players will assist in the instruction and supervision during the camp. The camp will cover basic baseball fundamentals of the game including teamwork, fair play and the opportunity to have fun! Players should bring a hat, glove, bat and water bottle. Baseball pants are recommended, but not required.

Registration and payment must be received by Monday, December 12, 2022! Registration forms can be turned in to the Athletic Department at the THS Welcome Center or mailed to the Twinsburg High School Athletic Office at 10084 Ravenna Road, Twinsburg OH, 44087

Attn: Jeff Luca

****CONTACT COACH LUCA WITH QUESTIONS: JLUCA@TWINSBURGCSD.ORG OR 330-486-2481****

CAMPER'S NAME: _____ **GRADE:** _____

T-SHIRT SIZE - CIRCLE ONE:

YOUTH M YOUTH L YOUTH XL ADULT S ADULT M ADULT L ADULT XL

PLEASE PROVIDE NAME AND CONTACT NUMBERS:

PARENT/GUARDIAN _____ **CELL** _____ **HOME** _____

PARENT/GUARDIAN _____ **CELL** _____ **HOME** _____

Every participant must complete the Emergency Medical Authorization, Agreement of Risk and Assumption of Risk.

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Home Phone _____

Address _____

Parents/Guardians _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

****This form MUST BE COMPLETED in full to participate in THS Holiday Baseball Clinic****

TO GRANT CONSENT

In the event reasonable attempts to contact _____ (parent/guardian)

at: HOME _____ CELL _____ WORK _____

or reasonable attempts to contact _____ (other parent/guardian)

at: HOME _____ CELL _____ WORK _____

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____

(preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.

2. The transfer of the student to _____ (preferred hospital) or

any other hospital reasonably accessible. This authorization does not cover major surgery unless the

medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery

before the performance of such surgery. Facts concerning the child's medical history include

allergies, medications being taken, and any physical impairment to which a physician should be

alerted.

Parent/Guardian Signature _____ Date _____

Address _____

Twinsburg City School District

Athletic Department

10084 Ravenna Road

Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in THS Holiday Baseball Clinic is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____