

De Pere Redbird Baseball Skills Clinic

\$50 Entry Fee (t-shirt included) Deadline: Fri, February 1st

Student Athlete's Name: _____ Grade: _____

E-Mail: _____ Emergency Cell: _____

Favorite Position(s): _____

T-Shirt Size: YM: _____ YL: _____ S: _____ M: _____ L: _____ XL: _____

ATHLETIC CAMP LIABILITY – We(I) have adequate insurance and am/are able to take full responsibility for any and all injuries sustained by my/our son/legal ward named above, while participating in camp activities. We(I) further knowingly and voluntarily waive any and all claims against and forever release the camp, its employees, De Pere High Booster Clubs, and the Unified School District of De Pere from any and all liability. Further, our/my signature below also will allow a coach or designated person to admit our/my son/legal ward to a medical facility and/or care of a physician, if conditions warrant such action.

PARENT/LEGAL GUARDIAN SIGNATURE HERE

(required to participate)

Date: _____

Make checks payable to: De Pere High School
Send checks to: Bob Van Rens
1120 Fulton Street
De Pere, WI 54115

Concussion Form to Send in:

<http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionAcknowledgement.pdf>

To get Remind Messages for the Baseball Clinic text @baseclin to 81010

Email Coach Van Rens: bobbybaseball3@yahoo.com

5 Week Clinic – Held in the High School Gym

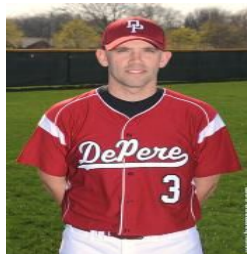
Open to the **first 30 entrants at each level.**

5th/6th Grade

Sunday, Feb 10th 2:00-3:00pm
Sunday, Feb 17th 10:00-11:00am
Sunday, Feb 24th 10:00-11:00am
Sunday, Mar 3rd noon-1:00pm
Sunday, Mar 10th noon-1:00pm

7th/8th Grade

Sunday, Feb 10th 3:00-4:00pm
Sunday, Feb 17th 11:00-noon
Sunday, Feb 24th 11:00-noon
Sunday, Mar 3rd 1:00-2:00pm
Sunday, Mar 10th 1:00-2:00pm



Instruction will be staffed by Head Coach Bob Van Rens and his assistant coaches.