

Session Registering For: _____

Player Information

First Name: _____

Last Name: _____

Bats: _____

Throws: _____

Baseball Experience: _____

Favorite Position: _____

Parent Information

Name: _____

Email: _____

Phone: _____

Payment Information

Clinic Fee: \$299.00

Please submit forms and payment to:

Slim's Chance Foundation
441 Spring Hollow Dr
Middletown, DE 19709

2017 Skills/Drills Clinic

Coach Steve Duncan / Coach Ed Eckenroad / Coach Ryan Haas / Coach Emir "E" Garrett

Name: _____

Dad's Name: _____

Mom's Name: _____

My favorite baseball position: _____

The position I want help with: _____

Other sports I play? _____

My favorite sport: _____

What do you hope to accomplish during this Clinic?

Because My parents are allowing me to participate in this EXTRA curricular activity, I will help my parents at home by doing the following things:

I promise to abide by the things I've put on this page and failure to do so will result in me being asked to leave this group and not be allowed to return. I understand this is a privilege and there are others who are waiting for the opportunity to participate.

Name: _____ Signature: _____

Rules, Guidelines, and Commitments

1. I am accountable for myself. I will not blame ANYONE else for things I do incorrectly.
2. I will maintain a POSITIVE attitude at ALL times. Life is NOT fair. Get used to it
3. I will use Coach/Sir/Ma'am while at this clinic.
4. I will not talk back to the instructor(s).
5. I will give my best effort at all times.
6. I am responsible for ALL of my equipment (glove, bat, cup, hat, EVERYTHING). Not my parents.
7. I understand this is not "Owed" to me. I will earn the privilege to participate in this clinic every day.
8. I will support those out here learning with me. I will NOT talk negatively about any other player
9. I will Run at all times; on the field, off the field. If I am caught walking I will owe coach 10 pushups EACH time.
10. I will keep a journal for the next 5 weeks. I will track my progress and what I am learning. I will also write down what I am doing at home on my own to help myself get better.
11. I will maintain good personal hygiene... TAKE A BATH AND BRUSH MY TEETH/HAIR
12. I will be the best person I can be each and every day. I know I will make mistakes, but I will learn from those mistakes.

Name: _____ Signature: _____

I am allowing my child to participate in this baseball clinic and am accepting FULL responsibility for any injury that might occur to my child or myself while in attendance. Neither the coaches, nor MOT little league are liable for any injuries occurring during this clinic.

Parent's name: _____

Parents Signature: _____

Date: _____

What will be covered:

Fielding: Infield, outfield, position specific

Catching skills / technique

Pitching skills / technique

Hitting: stance, detailed breakdown of their swing, bunting

Base Running

Lots and lots of BASEBALL Knowledge