



2nd Annual KINGSWAY YOUTH BASEBALL CLINIC

- **WHEN:** Saturday March 6th
- **WHERE:** Kingsway Regional High School Gymnasium (North Gym)
- **3-SESSIONS:**
 - **T-BALL:** 5-6 Y/O 10:00 am – 11:30 am
 - **COACH PITCH/MINORS:** 7-10 Y/O 12:30 pm – 3:00 pm
 - **MAJORS/JUNIORS:** 11-14 Y/O 3:30 pm – 6:00 pm (No Freshman)
- **COST:** \$30.00 (7-14 Year Olds), \$25.00 (T-Ball) Includes Clinic T-shirt
 - **Note:** \$5.00 registration fee on day of event

INSTRUCTORS

<i>IAN ENDERS</i>	<i>HEAD COACH, KINGSWAY HIGH SCHOOL</i>
<i>DENNIS BURLINGAME:</i>	<i>ASST. VARSITY COACH, KINGSWAY HS/FORMER AAA PITCHER (ATLANTA BRAVES)</i>
<i>JOHN GREEN</i>	<i>ASST. COACH, KINGSWAY HIGH SCHOOL</i>
<i>MIKE SAVAGE</i>	<i>ASST. COACH, KINGSWAY HIGH SCHOOL</i>
<i>MIKE WEIRSKI</i>	<i>ASST. COACH, KINGSWAY HIGH SCHOOL</i>
<i>CHRIS CAREY</i>	<i>2ND BASEMAN/CAPTAIN MOUNT ST. MARYS BASEBALL (DIV. 1)</i>
<i>Varsity Team Members</i>	<i>Members of the 2010 team will be on hand to instruct</i>

(MAIL OR E-MAIL REGISTRATION FORM A.S.A.P. to address or e-mail address below, LIMITED SPACES AVAILABLE)

NAME: _____ AGE: _____ LEAGUE: (T-ball, Minor, Major, Junior) _____

ADDRESS: _____ ST: _____ ZIP: _____

SHIRT SIZE: (CIRCLE ONE) YOUTH or ADULT SM: ___ MED: ___ LRG: ___ XLG: ___ XXLG: ___

PHONE #: _____ - _____ - _____ E-MAIL ADDRESS: _____

NOTE: KINGSWAY BASEBALL BAT BOY SIGN-UP (PLEASE CIRCLE ONE): Yes interested No not interested

MAKE CHECKS PAYABLE TO: KINGSWAY BASEBALL DUGOUT CLUB

MAIL TO: ATTN: Denis Magerr
109 Robins Run East
Logan Township, NJ 08085

OR E-MAIL TO: smagerr@yahoo.com
denis@intercontruck.com

*****NOTE: LIMITED SPACE AVAILABLE*****

NOTE: It is mandatory that the Waiver be signed when submitting the registration form.

Waiver: In consideration of the acceptance of the registration application and intending to be legally bound, I hereby waive all claims for myself, my heirs and assign against the Kingsway Baseball Youth Clinic (KBYC), Kingsway Regional School District, the coaches, and all other persons participating in the KBYC activities for any injury or illness which may result from the child's participation in the KBYC. I further acknowledge the child is in proper physical condition to participate in the KBYC.

Parent/Guardian Signature: _____

Date: _____