



USM BASEBALL HOLIDAY HITTING CLINIC

**Clinic Schedule:**

Session 1 : Dec. 21, 22, & 23

Session 2: Dec. 28, 29, & 30

Ages: K—6th Grade 9-10:15 a.m.
7th—12th Grade 10:30-11:45 a.m.

Cost: \$30 Session 1 or 2
\$50 Both Sessions

Location:

University of Saint Mary—4100 S. 4th Street, Leavenworth
McGilley Field House

Instructors: Rob Miller—USM Head Coach
Michael Evans—USM Asst. Coach
Dale Fink—USM Asst. Coach
Glen Aveson—USM Asst. Coach
USM Players

Equipment: Please bring turf or tennis shoes, glove, bat, etc.

**CALL TO RESERVE YOUR SPOT****(913)758-6135**

or

E-mail—EvansM@stmary.edu**USM Baseball Holiday Hitting Clinic
Application**

Student's Name _____

Total tuition must accompany this application. Payable to:

Age _____ Grade _____

USM Baseball
4100 S. 4th
Leavenworth, KS 66048



Address _____

Home Phone _____

NO PARTICIPANTS WILL BE ADMITTED TO USM WITHOUT PROOF OF INSURANCE COVERAGE SATISFACTORY TO UNIVERSITY OF SAINT MARY. I/We the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the participant's parent or legal guardian: The participant, in attending USM camps and in using USM facility, does so at his/her own risk. University of Saint Mary, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by the participant during USM or at the USM facilities. The participant and his/her parents assume full responsibility for any damages or injuries which may occur to the participant during USM Camps and so hereby fully forever exonerate and discharge, release and hold harmless USM, the Athletic Department and its hired staff, trustees, administrators, faculty, staff, employees, and/or agents, from any and all claims, demands, damages, right of action or causes of action present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the participation in USM camps and in the use of the facilities. I/We certify, that to the best of my/our knowledge, the participant is in good physical condition and has no disease or injury or medical condition that would impair performance in activities participated in during USM Camps

Parent or Guardian Signature: _____

Home Phone: _____ Work Phone: _____