

## Wausau East Baseball Clinic 2011

### 7<sup>th</sup>, & 8<sup>th</sup> Graders

Wausau East is offering a 7<sup>th</sup> & 8<sup>th</sup> grade clinic during spring break. The clinic will be on Tuesday, March 29<sup>th</sup> 10AM-Noon in the East gym. Campers will be instructed on offense and defense. The camp will be \$25 and each player will receive a T-Shirt at the clinic.



#### Defense Work

- Pitching/Catching Group/Live Throwing
- Infield Group

#### Offensive Work

- Hitting drills
- Extended batting cage time

#### For more information please call or E-mail:

Jon Winter: 261-0144  
[jwinter@wausau.k12.wi.us](mailto:jwinter@wausau.k12.wi.us)

Aaron Kottke (715) 581-4817  
[akottke@wausau.k12.wi.us](mailto:akottke@wausau.k12.wi.us)

#### To register please go to

[www.lumberjackbaseballcamps.com](http://www.lumberjackbaseballcamps.com)

OR fill out the portion below and send to:

Wausau East Baseball Clinic  
Attn: Steve Heinrich  
2607 N. 18<sup>th</sup> Street  
Wausau, WI 54403

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Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_

Adult Shirt Size (Circle):    S        M        L        XL

Make checks payable to Lumberjack Baseball

My son/daughter has permission to attend the East Baseball Clinic. I certify that within the past two years he/she has had a physical exam and that he/she now is physically able to participate in baseball without restriction. I acknowledge that at the Camp, my son/daughter will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects; including the ground and that at the Camp he may incur a risk of injury. In the event of illness or injury, I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthesia, or surgery. I specifically waive and release camp staff, and the Wausau School District from liability from any liability for any claim for damages, which my son/daughter or I may have for illness, or injuries that he may sustain at the Camp. I will be responsible for any medical or other charges in connections with my son/daughter's attendance at the Camp.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_