

# BOB FREESEN YMCA

## Youth Baseball Clinic Registration Form



Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1st—6th grades Gender: ☐ Boy ☐ Girl

Amount Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Paid by: check / cash / credit card

Date: \_\_\_\_\_



BOB FREESEN YMCA  
1000 Sherwood Eddy Lane  
Jacksonville, IL 62650  
P 217-245-2141

Rev. 5/4/21



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# JUNIOR BASEBALL CLINIC

BOB FREESEN YMCA  
SUMMER 2021



# JUNIOR BASEBALL CLINIC

## Program offered at the Bob Freesen YMCA

This Junior Baseball program is designed to teach the fundamentals of Baseball/T-ball. It is available for those who are ages 4-6 years old (co-ed).

Junior Baseball Clinic is an instructional program focusing on the fundamental skills. Each evening is divided into drills and practice with hitting off the tee at the end. The Clinic will be held outside on the lower baseball field. It is a great introductory program for young children.

Participants need gym shoes or baseball cleats, and a baseball glove.

The clinic runs four weeks on Wednesday evenings.

**PLEASE NOTE:** Due to state guidelines: Drills, practices and lessons that do not involve contact between individuals allow for 6-feet of social distancing to be maintained.



### Session:

**Wednesday 6:00 p.m.**

There is a maximum of 60 participants. It is a first-come-first-serve basis for registration.

**PLEASE CALL, 217-245-2141, OR REGISTER AT THE FRONT DESK.**

**SIGN-UPS BEGIN MON., MAY 10**

### Fees:

Members: \$25

Non-Members: \$60

Junior Baseball Clinic will be **Wednesday, June 16, 23, 30 and July 7.**

### Registration Deadline:

**Saturday, May 31**

There is a \$5 late fee



In consideration for my child's acceptance as a participant in the athletic program of the Bob Freesen YMCA, I, for myself, my child, my heirs, executors, administrators, and assigns, do hereby release and discharge the Bob Freesen YMCA, its agents, representatives, officers, directors or employees of and from all claims or demands for damages, losses, or injuries incurred by my child during the course of participation in programs at the Bob Freesen YMCA. I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast: video film or footage of my child, sound track recordings of my child, photo reproductions of my child, and any narrative account of my child's experience. My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

**Date**

**Parent or Guardian**