



# DELONE CATHOLIC HIGH SCHOOL

HOME OF THE SQUIRES AND SQUIRETTES

## WINTER BASEBALL CLINICS

Instruction includes pitching, hitting, fielding, and conditioning

**Boys Grades Fourth through Eighth**

Sundays Feb. 12, Feb. 19 and Feb. 26

5:30-7 p.m.

Delone Catholic Lawrence B. (Sonny) Sheppard Jr. Memorial Gymnasium

*Weather make up date is March 5*

Registration fee \$55, walk-ins \$65

*Deadline is Jan. 3, walk-ins are not guaranteed a T-shirt*

For Weather Information and Clinic Postponement announcements

[www.DeloneCatholic.org](http://www.DeloneCatholic.org)

Contact Coach Neumayer with questions at [dneumayer@delonecatholic.org](mailto:dneumayer@delonecatholic.org)

Please bring personal bats, gloves if available

-----Cut here and return with application fee-----

### Delone Catholic Winter Baseball Clinics

Please fill out ONE application per child and send them all together

Circle T-shirt size (youth sizes): YS YM YL  
(adult sizes): S M L XL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Phone (Home or cell) \_\_\_\_\_ Email \_\_\_\_\_  
Grade School Attending \_\_\_\_\_

Make checks payable to: Delone Catholic Athletic Association  
Mail to: Baseball Clinic c/o Dave Neumayer, Delone Catholic High School,  
140 S. Oxford Ave., McSherrystown, Pa. 17344

### PARENT/GUARDIAN AUTHORIZATION

I consent that my child's participation in the Baseball Clinic. He is in good health and able to participate without restrictions. I certify that I have insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Insurance Company name: \_\_\_\_\_

Policy # \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_