FREE Sunday Fun Day BASEBALL SKILLS CLINIC



Throwing Catching Hitting

The Red Oak youth baseball coaches & Red Oak High School Baseball Head Coach, Mark Erickson, will be hosting a **FREE** baseball skills clinic. 7 sessions for FREE! The clinic is open to all Red Oak boys in grades 3rd-7th interested in baseball.

The clinic will be held at Inman Primary School (IPS). Registration deadline is February 14, 2020.





Sundays at Inman Primary School

February 16th, 23rd, March 1st, 8th, 15th, 22nd, and 29th

 Grade Level
 Time

 3rd-4th
 1:00-2:30

 5th-7th
 2:15-4:00



Coaches & Contact Information:

3rd-4th: Richard Fisher (712-621-3706), Joe Lydon (712-621-6814), Jeff Sebeniecher (712-621-0613), Chad Johnson (712-621-5340), Trevor Mayberry (402-990-5129)

5th-7th: Colin Bruce (712-327-9822), Brian Couse (712-621-0812), Jeff Gigstad (402-670-1505), Brad Ford (712-370-3038)

Bring your tennis shoes, baseball gear and join us! Gloves, bats and helmets will be provided if you don't have them.

ROHS Baseball Program ROHS Baseball Program

FREE SUNDAY FUNDAY BASEBALL SKILLS CLINIC Montgomery County Family YMCA Red Oak Baseball 3rd - 7th Grade Boys



PLAYER NAME	Current GradeDate of Birth			
Street Address		City		
Home PhoneC	ell Phone #1	Cell Phone #2		
Email Address(es)				
Parent(s)/Guardian(s) Name				
Emergency Contact & Phone				
Does your child have any medical concerns? (example: diabetes, seizures, heart trouble, etc.)				
FEES: NONE				
Please read the statements below and cl	neck all that apply.			
☐ If given instructions, I could help	run a station when needed			
☐ We would like to participate but we (A coach will contact you to set u			from the clinic sessions.	
THE UNDERSIGNED parent(s)/guardian(s) or age of 18 years, with understanding of the potent Sunday Fun Day Baseball Skills Clinic does/or				
 The potential risks of participation includ and contact with or use of equipment us The parent(s)/guardian(s) affirm that by s the parent(s)/guardian(s) have explained activity. 	ed in the activity. signing this consent each underst	ands that participat	on of the child is voluntary and that	
 By this consent and with the child's cont injury to the child by reason of the child's Parents also release the YMCA, now an the child while in participation of said properties. 	s participation in the activity. d for all time, to take and use an ogram for publication, display, sa	y video/film/footage ale or exhibition the	/recording/photo/narrative taken of	
legitimate business use without any com THE UNDERSIGNED provide the following E injury or illness during participation:			ent to treat the child in the event of	
Name (must be parent or guardian)	Address	Telepho	ne No.	
If the contact person named above cannot child emergency medical care and treatment caregiver selected by supervisory staff.				
Parent/Guardian Signature	Print Name		Date	
Where do I return this form? Forms can be dropped off to Mark Erick YMCA.	son at the Red Oak JrSr.	High School of	ice or dropped off at the	

Questions about the clinic or this form?

Call Mark Erickson at Red Oak Jr.-Sr. High School: 712-623-6610