# JUNE 23, 2018 – REBELS YOUTH BASEBALL CLINIC

JOIN THE NEWTON REBELS FOR THE 2018 BASEBALL INSTRUCTIONAL CLINIC, A ONCE-IN-A-LIFETIME OPPORTUNITY TO BE Former MLB Pitcher COACHED BY MIKE PELFREY, FORMER MLB PITCHER AND REBELS FUTURE MLB STARS.

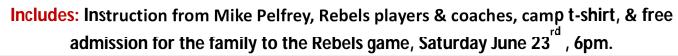
**AGES: 8 - 15** 

**DATES:** June 23, 2018

REGISTRATION: 7:30 a.m.

INSTRUCTION: 8:00 a.m. - 12:00 p.m.

**COST: \$25** 



THE CAMP WILL FOCUS ON FUNDAMENTALS OF THROWING, HITTING, BASERUNNING, INFIELD WORK, OUTFIELD WORK, PITCHER & CATCHER WORK.

WATCHING CAMP: Parents are welcome to stay and watch from the stands, or to drop off and pick up their child. Parents WILL NOT be allowed on the field.

#### **WHAT TO BRING:**

- Signed waiver (enclosed)
- Hats
- Tennis shoes or cleats
- Gloves
- Sunscreen
- Bat (optional)
- Baseball clothing (no jeans)

## FOR DETAILS CALL BRETT CLARK AT 951-333-3041 OR EMAIL info@NewtonRebels.com

cut/mail	
*Make checks payable to: Newton Rebels. Check MAIL TO: Rebels Baseball, 310 E. 11	ks & Money Orders ok, no cash please*
NAME OF PLAYER:	AGE:
ADDRESS:	
Parent Name:	PHONE: ()
PARENT EMAIL:	

(circle one): PITCHING • CATCHING • IN FIELD • OUT FIELD CIRCLE SHIRT SIZES • adult size or youth size • S M L XL XXL • COST: \$25/player • REGISTRATION FEE: Due by Friday, June 15<sup>th</sup>.

LATE REGISTRATION FEE: Add \$5.00 for each player AFTER June 15<sup>th</sup>, 2018. \*Cannot guarantee a t-shirt for late registrants.

## **PAYMENT SUMMARY**

**LOCATION:** 

Newton, KS

Centennial Park,

1 PLAYER- \$25.00 LATE FEE - \$5.00 TOTAL

### Waiver and Release Form for Rebels Youth Baseball Clinic





In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Newton Rebels Baseball Club, its officials, officers, employees, volunteers and agents, Mike Pelfrey and the Newton Recreation Commission from

liability, even though that liability may arise out of perceived negligence on the part of pers understood that some recreational activities involve an element of risk or danger of acci risks, I hereby assume those risks. It is further understood and agreed that this waiver, release to be binding on my heirs and assignees.	dents, and knowing those
I give consent for my child	to participate in
the above activities, and I execute the above liability release on their behalf.  Consent for Treatment	
I hereby give my consent to have the above applicant treated by emergency medical participation, in case of sudden illness or injury while participating in the above activity. It is un Rebels Baseball Club, its officials, officers, employees, volunteers and agents, Mike Pelfrey a Commission will provide no medical insurance for such treatment, and that the cost there have read and understood the foregoing registration liability release and parental/Guardian to all of its terms and conditions.	iderstood that the Newton and the Newton Recreation of will be at my expense.
Parent/Guardian Signature	
Print Name/Date	

MAIL TO: Rebels Baseball, 310 E. 11th Street, Newton, KS 67114