

TWINSBURG HIGH SCHOOL HOLIDAY BASEBALL CLINIC



WHEN: December 27 & 28, 2023
WHERE: Twinsburg High School Gymnasium @ 10084 Ravenna Rd. Twinsburg, OH 44087
WHO: Boys and girls in grades 3rd – 6th
TIMES: 8:30am – 11:30am
COST: \$75 – cash or check payable to “Twinsburg Athletic Boosters c/o Baseball”
** Registration deadline is Friday, December 15, 2023 **

Join the Twinsburg High School baseball team at their 3rd annual Holiday Baseball Clinic! The camp will be directed by Twinsburg Baseball Head Coach, Jeff Luca. Current coaches and players will assist in the instruction and supervision during the camp. The camp will cover basic baseball fundamentals of the game including teamwork, fair play and the opportunity to have fun! Players should bring a hat, glove, bat and water bottle. Baseball pants are recommended, but not required.

Registration and payment must be received by Friday, December 15, 2023! Registration forms can be turned in to the Athletic Department at the THS Welcome Center or mailed to the Twinsburg High School Athletic Office at 10084 Ravenna Road, Twinsburg OH, 44087
Attn: Jeff Luca

****CONTACT COACH LUCA WITH QUESTIONS: JLUCA@TWINSBURGCSD.ORG OR 330-486-2481****

CAMPER'S NAME: _____ **GRADE:** _____

T-SHIRT SIZE - CIRCLE ONE:

YOUTH M YOUTH L YOUTH XL ADULT S ADULT M ADULT L ADULT XL

PLEASE PROVIDE NAME AND CONTACT NUMBERS:

PARENT/GAURDIAN _____ **CELL** _____ **Email** _____

PARENT/GAURDIAN _____ **CELL** _____ **Email** _____

Every participant must complete the Emergency Medical Authorization, Agreement of Risk and Assumption of Risk.

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Home Phone _____
Address _____
Parents/Guardians _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

****This form MUST BE COMPLETED in full to participate in THS Holiday Baseball Clinic****

TO GRANT CONSENT

In the event reasonable attempts to contact _____ (parent/guardian)
at: HOME _____ CELL _____ WORK _____
or reasonable attempts to contact _____ (other parent/guardian)
at: HOME _____ CELL _____ WORK _____

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.
2. The transfer of the student to _____ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parent/Guardian Signature _____ Date _____
Address _____

Twinsburg City School District
Athletic Department
10084 Ravenna Road
Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in THS Holiday Baseball Clinic is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature _____ Date _____
Parent/Guardian Signature _____ Date _____