

**Delone Catholic High School  
Winter Baseball Clinic**

*Instruction includes: Pitching, Hitting, Fielding, & Conditioning*

**Boys Grades 4th thru 8th**

*Sundays: February 10th, February 17<sup>th</sup>, & February 24th  
5:30-7:00 PM*

*Delone Catholic Sheppard Gymnasium*

**\*\*Weather Make-up Date: March 3<sup>rd</sup> (5:30-7:00 PM)**

**Registration Fee: \$55.00**

*Please register by February 8th, walk-ins are not guaranteed a t-shirt.*

For Weather Information and Clinic Postponement announcements please check:

<http://www.delonecatholic.org/>

**Please bring personal bats and gloves if available**

**Questions?? Contact Coach Neumayer at [dneumayer@delonecatholic.org](mailto:dneumayer@delonecatholic.org)**

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

**APPLICATION FOR: Delone Catholic Winter Baseball Clinic**

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

**Circle t-shirt size (youth size): YS YM YL**

**(adult size): S M L XL**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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