



# DELONE CATHOLIC HIGH SCHOOL

HOME OF THE SQUIRES AND SQUIRETTES

## WINTER BASEBALL CLINIC

*"FUN"damentals of baseball will be taught to include games, activities, and drills.*

Boys Grades Kindergarten thru 3rd

Sundays: Jan. 7, Jan. 14, and Jan. 21

5:30-7 p.m. in Delone Catholic HS Sheppard Gymnasium

Snow Make-up Date: Feb. 11 (5-6:30 p.m.)

For weather information and clinic postponement announcements please check:

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

Registration fee: \$55.00/walk-ins \$65.00

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

Please bring personal bats & gloves if available

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

----- 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 \_\_\_\_\_ Gr. \_\_\_\_\_ Gr. School Attending \_\_\_\_\_

Address \_\_\_\_\_

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

Emergency Phone \_\_\_\_\_ Email \_\_\_\_\_

*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: \_\_\_\_\_

140 SOUTH OXFORD AVENUE • MCSHERRYSTOWN, PA 17344-1616  
717-637-5969 • 717-637-0442 FAX • [www.DeloneCatholic.org](http://www.DeloneCatholic.org)