



Li'l Panthers BASEBALL CLINIC

Ages: 4 & 5

Spring 2018 Fridays

Come learn the fundamentals of baseball at the Boys & Girls Club of Wayne!

- ✓ Throwing
- ✓ Catching
- ✓ Hitting
- ✓ Fielding



Each session will include:

- ✓ Activities to promote control and coordination
- ✓ Drills and Skills Games and relay races
- ✓ Plenty of fun

Who: Boys & Girls Club of Wayne Staff

Where: Dotterwich Field (In the event of rain, it will be held in the WBGC New Gym)

When: 7 Fridays. 10:30am or 1:00pm.

Start Date: April 13 (Depending on weather), 2018; Registration Deadline: April 6, 2018

Fee: \$90; Late Fee: \$5

* Children must bring their own gloves*

Online Registration Now Available!!

REGISTER EARLY!! SPACE IS LIMITED!!

All correspondence will be sent by e-mail

No refunds/credits will be given after the regular registration period has ended.

Cancellations prior to the deadline will be charged a \$5 processing fee.

Boys & Girls Club of Wayne
153 Garside Ave.
Wayne, NJ 07470
973-956-0033

www.bgcwnj.org

www.facebook.com/bgcwnj

not a school sponsored activity



Lil' Panthers
BASEBALL CLINIC

2018 Pre-K Baseball Clinic (Wayne Unit)

Child's Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ Age: _____ Gender: _____
Home Phone: _____ Emergency Phone & Name: _____
E-mail Address: _____ T-Shirt Size (please circle one) yxs ys ym yl yxl

I would prefer the following session (please circle one): 10:30am 1:00pm

Parent/Guardian Information:

Mother's Name: _____ Work e-mail _____
Business Name/Address: _____
Business Phone: _____

Father's Name: _____ Work e-mail _____
Business Name/Address: _____
Business Phone: _____

Does your child have any impairment? _____

Sponsors: We need sponsors to help defray the cost of our Pre-K Sports Programs. Sponsorships are \$100 and are tax deductible.

Company or Sponsor Name

Contact Person & Phone #

Company or Sponsor Address

I hereby give consent for my child to participate in the Boys & Girls Clubs of NWNJ Pre-K Lil' Panthers Program. I assume all risk in regard to participation in this and any other Boys & Girls Clubs of NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Clubs of NWNJ, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Clubs of NWNJ activities. I further confirm that I have read and will abide by the Athletic Code of Conduct available to view at www.bgcwnj.org. To promote our programs at the Boys & Girls Club of Wayne, we would like to put photographs of our players on our website and other promotional material. Please check one of the following:

_____ Yes, I/We give my/our consent for my/our child's photograph to be used by the Boys and Girls Club of Wayne for promotional purposes.

_____ No, I/We do not give my/our consent to use my/our child's photograph to be used by the Boys & Girls of Wayne for promotional purposes.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Clubs of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.

Signature of Parent or Guardian

Date