# Otter Valley Baseball

## Spring Tune up Clinics

### Program Details

- Dates: Sunday April 10th, 17th & April 24th (see bonus clinic at bottom right).
- Boys and Girls ages 7-13
- Sunday April 10th – Pitching & Catching (Please specify Pitching or Catching by circling on registration portion)
- Sunday April 17th – Fielding  Sunday April 24th – Hitting
- $20 per session or $50 for all 3
- Times: Ages 7-9yrs, 9-10:30am  10-13yrs ,11-12:30pm
- Location: Weather dependent: Either Otter Valley High School Gymnasium or on Otter Valley Varsity Baseball Field

**Program Information:**

This three week clinic offered by Otter Valley Varsity Head Coach Mike Howe and members of the Otter Valley Baseball team, centers on instruction and repetition. It is designed to improve fundamentals, both mentally and physically, while getting your body in baseball shape before the start of the season. Questions? please email Coach Howe: ottersbaseball@gmail.com, call (802) 855-1298

## Additional Information:

**What to bring:**

**All athletes should have glove, baseball hat, athletic shoes and sweatshirt for every clinic – Shorts are OK for clinics.**

**BONUS CLINIC: Players signed up for all 3 clinics can participate in "game speed" clinic on Saturday April 30th at no additional cost (details to follow), on Otter Valley Baseball Field. If participating in all 4 clinics, athletes will receive Otters T 'shirt, and BBQ lunch at April 30th clinic. Sunday May 1st will be rain date.**

Athlete Name:

Address:

City:

State: Zip Code:

Home Phone:

Parents Cell Phone:

E-Mail Address:

Parents/Guardian Name(s):

School Name:

Age/Grade

REGISTRATION FEES:

Clinic: Cost

Pitching / Catching @ $20

Fielding @ $20

Hitting @ $20

All 3 clinics pay $50 Total:

**RETURN FORM WITH FULL PAYMENT TO:** Otter Valley Union High School
Attn: Steven Keith 2997 Franklin Street, Brandon, VT 05733

***Please make all checks payable to: Otter Valley Union High School – Varsity Baseball***

WAIVER:
I realize that participation in any athletic activity involves risk of injury. I herby agree to waive any claim against Otter Valley Union High School, and its instructors for any injuries suffered by my child during clinics. I will be responsible for all medical or other charges in connection with my child's attendance in clinics.

Parent/Guardian Signature:

_____ Date: _____