



**Nashoba Baseball 16<sup>th</sup> Annual  
Baseball Clinic – Saturday, March 3rd, 2018  
(Snow date March 17th)**

**Nashoba Regional High School - Rt. 117, Bolton, MA**

**Two Sessions Available: or sign up for both!**

**9:00 - 12:00 (registration at 8:30 if not pre-registered) OR**

**1:00 - 4:00 (registration at 12:30 if not pre-registered)**

**Kids separated into 3 age groups: 5- 7 yrs. old, 8-10 yrs. old and 11-13 yrs. old**

Schedule will cover position instruction/drills, batting instruction/drills. Our goal is to help in the development of young players, increasing their overall knowledge and skills in the game of baseball. Quality instruction will be given on all aspects of the game and emphasis will be on fundamentals and team play. Kids from everywhere are welcome!

**All proceeds from this clinic support the Nashoba Regional H. S. Baseball teams**

**Clinic Staff:**

- ❖ **Chuck Schoolcraft**, NRHS Varsity Baseball Coach
- ❖ **Don Martin**, NRHS Jr. Varsity Baseball Coach
- ❖ **Charlie Tinschert**, NRHS Assistant Varsity Baseball Coach
- ❖ NRHS Certified Athletic Trainer

**Cost:** Pre-registration: **\$40 one session \$65 for both** Includes a t-shirt!  
**Day of Clinic:** **\$45 one session \$70 for both** (Can't guarantee spot if not pre-registered)

**Drinks:** Gatorade and water will be available for purchase (\$1.00) or bring your own.

**Lunch:** Bring your own, if you plan on attending both sessions

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Session (choose one or both): Morning ( ) Afternoon ( ) both ( )

Age Group: 5-7 years old ( ) 8-10 years old 11-13 years old ( )

**T-shirt size:** Adult sizes - S M L XL (Not pre-registered, cannot guarantee correct size t-shirt)

**In case of emergency notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(The above information is for the day of the clinic)**

The above named participant has my permission to participate in the clinic program above. In case of emergency, I understand every attempt will be made to contact the person(s) above. If contact is unsuccessful, I give my permission to the tending personnel to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing on this line:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

\*\*Application will not be processed without proper insurance information.

**After February 28th there is no more mail in registrations. After February 28<sup>th</sup>, please contact Coach Schoolcraft at 508-561-4268 or cschoolcraft@nrzd.net, to get your son/daughter in the data base and then bring this registration form on Saturday. Checks are made payable to Nashoba Booster Club. Please mail registrations to Nashoba High School, 12 Green Rd. Bolton, Mass, 01740, Attn: Coach Schoolcraft.**