

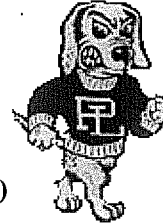
POINT LOMA HIGH SCHOOL BASEBALL LITTLE LEAGUE CLINIC

Sunday January 24th

(Rain Make up day Jan 31)



11-12 year old players 9:00 am – 12:30 pm
13-14 year old players 1:00 pm – 4:30 pm
(Arrive 30 minutes prior to starting time for check in and warm up)
Clinic held at Dana Middle School – Varsity Field



Get ready for the Baseball Season! PLHS Baseball and the PLHS Baseball Boosters are offering an Instructional Clinic to help your player start the season right.

The \$75.00 participation fee covers:

- Position specific instruction
- Hitting Technique and fundamentals
- Stretching and pre-game warmup routines
- Baserunning techniques
- Pointer practice jersey

Instruction will be provided by PLHS Coaches and Varsity Players. The number of participants will be limited to 30 players at each session. Instructor ratio 6:1

Instructional Clinic Coaching Staff:

PLHS Head Varsity Coach Jon Posternack: After beginning his career as a high school pitching coach in Texas, and locally at Morse HS, Coach Posternack came to PLHS in 2003, and is now in his 8th season with the Pointers, his 6th reason as head coach. The Pointers have reached the playoffs 5 of the last 7 years, and are 4-0 in first round playoff games under his leadership. Last year's Varsity squad won 19 games. The 2010 team, with 7 returning starters will take the field this season with hopes of capturing their first CIF title since 1982.

Varsity Assistant Coach John Quann: Coach Quann returns for his 12th year in the program. Coach Quann has been our Freshman Head Coach, JV Head Coach, and currently assists our Varsity team.

Pitching Coach Mike Delgado: Coach Delgado has coached various teams in San Diego over the last 20 years and rejoins PLHS for his 12th year as our pitching coach.

Coach Jake Awrey: Coach Awrey is a graduate of PLHS and the PLHS baseball program. After graduation he continued his playing career at San Diego City College. He returns for his fourth year as Assistant Coach.

Player Name: _____ Player Age: 11/12, 13/14
Parent Name: _____ T-Shirt Size: Youth - XL Adult - S M L XL
Mailing Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Email: _____

Return this form along with payment (Check preferred) and Insurance Waiver to:

PLHSPA/Baseball Boosters

NEW P.O. Box 7304
San Diego, CA 92107

Contact Peter Urbon for additional information 619-226-6313

PARENTAL CONSENT FOR BASEBALL CLINIC

As the parents or legal guardian of the child (Participant named below), I hereby give my full consent and approval for my child to participate in the camp, clinic or tournament of the PLHS Baseball Boosters/Point Loma High School Pointer's Association.

I authorize the PLHS Baseball Boosters/Point Loma High School Pointer's Association to use any photograph or article about my child for publicity purposes. I understand that violation of camp, clinic or tournament rules may result in dismissal from the camp, clinic or tournament with all fees/tuition forfeited. Additionally, I/We have read, understand and agree to the PLHS Baseball Boosters/Point Loma Pointer's Association refund policy (see below).

REFUND POLICY: Once payment for the Clinic has been made the **\$75** clinic fee is non-refundable unless the participant's place is re-sold to a new participant from our waiting list. PLHS Baseball Boosters will make every reasonable effort to re-sell any cancelled place, upon receiving notice by phone at 619.226.6313 (Peter Urbon)

In the event of an emergency in which my child required medical care, I authorize the staff of PLHS Baseball Boosters/Point Loma High School Pointer's Association above listed activity to act for me and to obtain for him/her whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment, but no limited to, hospitalization and surgery and will be responsible for any medical or other charges in connection with his/her attendance at the camp, clinic or tournament.

Please list any physical or emotional limitation(s) your child may have (allergies, sight, asthma, heart murmur, high blood pressure, etc.)

RELEASE AND WAIVER

I understand that there are certain risks of injury inherent in participating in the camp, clinic or tournament sessions, as well in traveling and other activities incidental to my child's participation in same and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I further acknowledge that my child will be participating in activities that may involve, among other things physical contact of the body with other persons or objects including the ground, that at the camp my child may incur a risk of injury. I specifically waive and release PLHS Baseball Boosters/Point Loma High School Pointer's Association, Point Loma High School, PLHS Coaches, Volunteer Coaches & Players, and San Diego City Schools, their lessors, sponsors, directors and staff from any liability for any claim for damages which I/We or my child may have for injuries or illness that he or she may sustain, whether the result of gross negligence or any other causes.

Waiver of California Civil Code S1542

In furtherance of the foregoing releases, the parties expressly waive any and all rights and benefits conferred upon them by the provisions of Section 1542 of the California Civil Code, which provides:

“A General Release does not exceed to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

The settling parties each acknowledge that they have discussed with their attorneys the significance and effect of waiving the provisions of Section 1542 of the California Civil Code, an warrant that this waiver is informed, knowing and voluntary.

Print Name of Participant

Age

Date of Birth

Mailing Address

Zip

Home Phone

Emergency Contact Name

Relationship to Participant

Emergency Contact Phone

Parent/Guardian Signature for Consent, Release & Waiver

Date

Print Parent/Guardian Name

Cell or work phone of above Parent/Guardian during activity