

**GREATER BERRIEN SPRINGS RECREATION DEPARTMENT
BERRIEN SPRINGS HIGH SCHOOL BASEBALL
2017 YOUTH BASEBALL INSTRUCTION SESSIONS**

Who: Instructor John Donley, Varsity Baseball Coach at Berrien Springs H.S.

What: Small-group instruction in the baseball fundamentals of hitting, pitching, fielding, and throwing.

Where: The Berrien Springs High School Gym.

When: Four sessions on Saturdays from February 6th, 18th & March 4th, 11th

TIME SLOTS

- 11:00 am-12:00 pm 3rd & 4th graders (Space is limited to ten)
- 12:30-1:30 pm 5th & 6th graders (Space is limited to ten)
- 2:00-3:00 pm 7th & 8th graders (Space is limited to four)

SESSION SCHEDULE

- February 4th Hitting
- February 18thHitting and Throwing
- March 4thThrowing and fielding
- March 11thPitching, Throwing & Fielding

Please call or email Coach Donley to pre-register

- Phone 269-921-2779 or 269-983-6466
- Email: jdonley@homeoftheshamrocks.org
- Space is limited so please register ASAP. If sessions fill-up, additional sessions may be scheduled.

COSTS..... \$20.00 per session

You may sign up for all four sessions or any of the individual sessions

*****PAYMENT IS DUE AT THE START OF EACH SESSION*****

Cash is accepted or Checks made out to *Berrien Springs Baseball Club*

All fees will go to the Berrien Springs H.S. baseball team for the purchase of equipment

Players should bring the following to the clinic:

- Comfortable clothes including a t-shirt and sweatshirt
- Gym Shoes
- Glove for fielding and throwing days
- A bat the player can swing for hitting days

*******(Please return this portion to Coach Donley at the clinic)*******

I, the parent/guardian of _____ hereby,
give approval for my child's participation in the GBSRD Baseball Clinic. I understand that
this program is voluntary and not associated with Berrien Springs Public Schools and **I**
assume all risks and hazards incidental to such participation. I do hereby agree to
waive and hold harmless the Berrien Springs Public Schools, its agents, and the volunteer
baseball coaches from any claim arising or any injury to my child.

I DO HAVE HEALTH INSURANCE THAT COVERS MY CHILD.

Parent Signature: _____ Date: _____