

BARRINGTON BASEBALL CLINIC

Participants will receive individual and team instruction on the fundamental aspects of playing the game of baseball.

1. Individual and Basic Techniques

- Hitting
- Bunting
- Throwing
- Pitching

2. Basic Rule Discussion

3. Team Play – Working Together

4. Offensive and Defensive Skills and Discussion

5. Upon completion of this clinic athletes will have been introduced to the basic fundamentals of baseball, and we hope will have more knowledge and enthusiasm for the game.

WHAT TO BRING

- Baseball Glove
- Non Marking Sneakers
- Wear T-Shirt and Long Pants (No Shorts)

WHERE

- Barrington High School, Main Gymnasium



Barrington High School Baseball

- 2005 Eastern Division II Champions
- 2004 Eastern Division II Champions
- 2003 Division II State Champions
- 2003 Eastern Division II Champions
- 2003 Varsity Sportsmanship Award

CLINIC STAFF

- Dennis Perry, Head Coach Varsity Baseball
- Ralph Caruso, Head Coach Junior Varsity Baseball
- Tom Ferdenzi, Head Coach Freshman Baseball
- Members of the 2011 Baseball Team

REGISTRATION FORM

(Check one)

___ 7-9 year old session (12:30pm to 2:00pm)

___ 10-11 year old session (2:00pm to 3:30pm)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Additional Contact in case of emergency

Name: _____

Phone: _____



Complete Reverse Side

T-Shirt Size (Adult) Check one:

Youth XL _____ Small _____ Med _____
Large _____ XL _____

Clinic Tuition: \$50.00 for 5 weeks

Family Discount (two or more members): \$40.00
each member

Include check (made out to "Barrington High School
Baseball") and send this form to:

Barrington High School Athletics
220 Lincoln Avenue
Barrington, R.I.02806

Health Problems/Allergies/Medications:

Medical Waiver: I hereby certify that my
son/daughter is in good health and may participate in
all baseball clinic activities. In case of medical
emergency, and the baseball clinic is unable to
contact persons provided, I authorize the clinic
director to seek emergency treatment at the nearest
medical facility.

Signature: _____ Date: _____



Barrington High School Baseball
220 Lincoln Avenue
Barrington, R.I. 02806

Barrington High School Baseball Clinic 2012



January 21st, 28th
February 4th, 11th, 18th

7-9 year old session
12:30 to 2:00pm

10-11 year old session
2:00 to 3:30pm