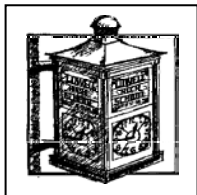
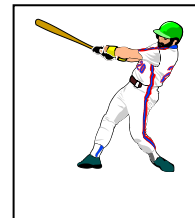


L.H.S. Youth Baseball Clinic 2010



Lowell High School Field House

50 Fr. Morissette Blvd.
Lowell, MA 01852



February 15, 16, & 17, 2010

10:00AM – 1:00PM

Ages 7-12

This 3-day indoor clinic focuses on the skills of hitting, fielding, throwing and base running. Players are separated into age groups and rotated through different stations. Each station is designed to teach a different skill taught by our instructors in their area of expertise. A fun way to spend the winter break and jump-start your spring training!

Registration fee: \$100.00

(Check made out to LHS Baseball Committee)

Mail registration and check to: LHS Baseball Committee

c/o Donovan 21 Barasford Ave.

Lowell, MA 01852

Space is limited, so register early. Deadline: February 12, 2010

For further information contact: Dan Graham at 978- 337-8906 or dangraham@lhs.lowell.k12.ma.us

A limited number of scholarships are available based on verifiable need. E-mail for details.

Child's name: _____ Age: _____
Date of Birth: _____ School Presently attending: _____
Parent/Guardian: (print) _____
Address: _____
Telephone: _____ t-shirt size: _____

Lowell High School assumes no responsibility for accidents, medical, dental expenses incurred as a result of participation in this clinic. All participants must submit their insurance company information to be admitted. In case of emergency, I authorize Lowell High School to arrange the necessary medical treatment for my child.

Parent/Guardian Signature: _____

Emergency contact (names & tel. numbers): _____

Health Care Provider: _____ Policy #: _____

My child has medical restrictions: YES _____ NO _____; If yes, I have attached a health waiver from medical provider. Yes() No ()

L.H.S. Youth Baseball Clinic 2010

Scholarship Process

If a student has requested a scholarship based on financial need, they must provide the following information;

Full scholarship request _____ (\$100.00)

Half scholarship request _____ (\$50.00)

Child's name: _____ Age: _____

Date of Birth: _____ School Presently attending: _____

Parent/Guardian: (print) _____

Address: _____

Telephone: _____

Parent/Guardian Signature: _____

(I allow you to contact my child's school/social worker to verify need)

Name of administrator: _____

Title: _____

Signature: _____

Agency/Department: _____

Telephone: _____

Also, please include an essay of 100 words explaining why this clinic would be important to you.

