

2010 - Softball & Baseball

Pre-Season Open Gyms

Central High School - Hackett Gymnasium
March 7th / March 14th / March 21st

Softball

12:30 - 2:00 PM

**Beginning Pitching Clinic 12:30 - 1:15

**Advanced Pitching Clinic 1:15 - 2:00

Skills Stations that will be available:

Pitchers: (bring your own catcher); beginning pitchers welcomed.

Hitting: whiffle, tee and limited cage opportunities; bunting techniques.

Ground Balls: rubber ball grounders, throwing & fielding techniques.

Baseball

2:00 - 3:30 PM

Skills Stations that will be available:

Pitchers: (bring your own catcher); beginning pitchers welcomed.

Hitting: whiffle, tee and limited cage opportunities; bunting techniques.

Ground Balls: rubber ball grounders, throwing & fielding techniques.

*Please fill out the attached
Medical Consent Form
and hand in at the registration table at the beginning of the first open gym
PARENTAL INVOLVEMENT IS HIGHLY ENCOURAGED!!*

(Please enter through the east end of the Hackett gym)

If you have any questions; please call Doug Ramsey at 788-6726 or e-mail at djramsey@charter.net

**Shelby Youth Ball
2010 Pre-Season Open Gym Sessions**

AUTHORIZATION & CONSENT FORM

I/We the parent(s)/guardian(s) of _____, a registered player with the Town of Shelby from 2009, hereby give approval for his/her participation in the open gym sessions at Central High School during the 2010 pre-season. I/we do assume all risk and hazards incidental to such participation. I/we do hereby waiver, release, absolve, indemnify, and agree to hold harmless the Town of Shelby, the officers, organizers, coaches, persons transporting said child to and from the activities, sponsors, umpires, participants and the School District of LaCrosse.

I/we the undersigned parent(s)/Guardian(s) do hereby authorize the Town of Shelby, representatives as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any medical practice and on the medical staff of any hospital or clinic.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, in the exercise of his best judgement, may deem advisable. This authorization is given pursuant to any provision existing in civil code of the State of Wisconsin. This authorization shall remain in effect until the completion of the 2010 Season unless sooner revoked, in writing, and delivered to said agents.

I/we state that the above named player has no medical problems or prohibitions except as listed:

In case of emergency, when parent(s)/Guardian(s) is/are not available, please notify:

Name: _____ Telephone: _____

Family doctor (Gunderson Clinic: 782-7300: Franciscan Skemp Healthcare: 782-9760)

Name: _____ Telephone: _____

Signature of Parent(s)/Guardian(s)

Date