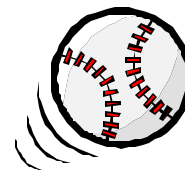
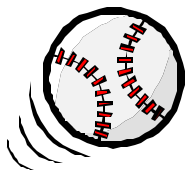


Corona American Little League and Riverside Community College 2009 Winter Baseball Clinic

Saturday, December 5th (Dec. 12th if rained out) at Corona High School
 9:30 a.m. – 2:30 p.m. (drop-in registration 9 – 9:30 am)

Ages 8–14 Cost: \$40.00



Get an Early Jump on the 2010 Season!

Learn from RCC Head Coach Dennis Rogers and the Players and Coaching Staff of the 2007 California Junior College State Champions

Coach Rogers will address interested parents, managers, and coaches at 10 am

Lunch will be provided (Hot Dog, Chips, Drink)

At this Fun and Exciting Clinic you will Learn:



Pitching/Throwing Mechanics



Hitting Mechanics



Catching Drills



Infield/Outfield Defense

What to Bring: Cleats, Glove, Bat, Helmet, Catcher's Gear (if you have your own)

For more information, call (951) 341-1541 or visit www.coronaamerican.org

Registration Form

Make Check (\$40) Payable to: Corona American Little League (CALL)

Mail to: Corona American Little League – P.O. Box 2931, Corona, CA 92878

Name of Player: _____ Age: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____ Shirt Size: _____

Name of Parent/Guardian: _____

Home#: _____ Cell#: _____ Email: _____

Release of Liability and Medical Consent/Release

I (we) the undersigned, parent(s) of _____, a minor, do hereby consent to have said Minor participate in the baseball camp conducted by Riverside Community College, and represent that said Minor is physically able to participate in the Winter Baseball Clinic. I (we) hereby assume full responsibility for all risk of injury or loss which may result from Minor's participation in the Winter Baseball Clinic and hereby waive, release, hold harmless and agree to indemnify Riverside Community College and its staff, the City of Corona, and Corona American Little League from and against all claims, demands, suits, and/or judgments arising from any injuries, illnesses or any other conditions as a result of said Minor's participation in the Winter Baseball Camp. I (we), the undersigned, parent(s) of said Minor, request that in my (our) absence the said Minor, if required, be admitted to any hospital or medical facility for diagnosis and/or treatment. I (we) request, authorize and consent to have physicians, nurses, dentists and staff perform any diagnostic procedures, treatment procedures and operative procedures to or on said Minor.

I (we) understand the terms and conditions of this Release of Liability and Medical Consent/Release Form and agree to the terms and conditions herein.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Emergency Contact: _____ Phone: _____ Cell: _____