

JUNE 8, 2024 – REBELS YOUTH BASEBALL CLINIC

JOIN THE NEWTON REBELS FOR THE 2024 BASEBALL INSTRUCTIONAL CLINIC.

AGES: 8 - 15

DATES: June 8, 2024

REGISTRATION: 8:00 a.m.

INSTRUCTION: 9:00 a.m. - 12:00 p.m.

COST: \$25



LOCATION:

Centennial Park,
Newton, KS

Includes: Instruction from Rebels coaches & players, camp t-shirt, & free admission for the family to the Rebels game, Sunday June 9th, 6pm.

THE CAMP WILL FOCUS ON FUNDAMENTALS OF THROWING, HITTING, BASERUNNING, INFIELD WORK, OUTFIELD WORK, PITCHER & CATCHER WORK.

WATCHING CAMP: Parents are welcome to stay and watch from the stands, or to drop off and pick up their child. Parents WILL NOT be allowed on the field.

WHAT TO BRING:

- Signed waiver (enclosed)
- Hats
- Tennis shoes or cleats
- Gloves
- Sunscreen
- Bat (optional)
- Baseball clothing (no jeans)

FOR DETAILS CALL JUSTIN HINSLEY AT 417-209-3423 OR EMAIL info@TheNewtonRebels.com

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Best Payment Methods: **Venmo to: @Chris-Pate-43** -OR- Credit/Debit card at TheNewtonRebels.com -OR- Check payable to: The Newton Rebels. Checks & Money Orders ok, no cash please. MAIL TO: The Newton Rebels, 3715 W 1st Street, Newton, KS 67114 **EMAIL THIS APP & WAIVER TO: INFO@TheNewtonRebels.com**

NAME OF PLAYER: _____ AGE: _____

ADDRESS: _____

PARENT NAME: _____ PHONE: (_____) - _____

PARENT EMAIL: _____

(circle one): PITCHING • CATCHING • IN FIELD • OUT FIELD
CIRCLE SHIRT SIZES • adult size (or) youth size • S – M – L – XL – XXL

COST: \$25/player • **REGISTRATION FEE: Due by Saturday, June 1st.**

LATE REGISTRATION FEE: Add \$5.00 for each player AFTER June 1st, 2024. *Cannot guarantee a t-shirt for late registrants.

PAYMENT SUMMARY

1 PLAYER-	\$25.00	_____
LATE FEE -	\$5.00	_____
TOTAL		_____

Waiver and Release Form for Rebels Youth Baseball Clinic

Liability Release and Parental/Guardian Consent Form



In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Newton Rebels, LLC Baseball Club, its officials, officers, employees, volunteers, agents, and the Newton Recreation Commission from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Newton Rebels, LLC Baseball Club, its officials, officers, employees, volunteers, agents, and the Newton Recreation Commission will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental/Guardian consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name/Date