

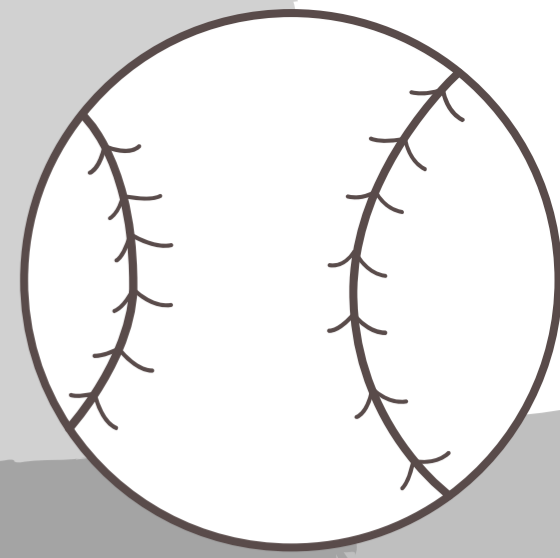
# HITTING

## CLINIC

March 31, April 7, 14

Post 22 Indoor Facility

Ages 8-12



### Skill-Building Areas:

- Grip, stance and alignment
- Upper and lower body load
- Swing plane

Register  
Soon!

### Register Today!

- Sunday afternoons, March 31, April 7 & April 14
- Softball Group, ages 8-12: 2-3:15 p.m.  
(16 player limit)
- Baseball Group, ages 8-12: 3:30-4:45 p.m.  
(16 player limit)
- Cost: \$40, includes t-shirt
- Scholarships available
- Must be a registered Little League or Softball player
- Register at [shilohblackhills.org](http://shilohblackhills.org) or by mail

### Led by Kelvin Torve

Current Post 22 Head Coach,  
Former MLB player (Twins, Mets)

### Questions?

Contact Andy Coyle  
605-200-2758



This is a non-school  
material that is  
neither endorsed nor  
necessarily reflective  
of the views of RCAS

# Hitting Clinic Registration

Name\_\_\_\_\_

Age\_\_\_\_\_ Grade\_\_\_\_\_ Baseball/Softball Player\_\_\_\_\_

Parent\_\_\_\_\_ Best Phone #\_\_\_\_\_

Email\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

T-Shirt Size – Circle One: YSM YM YL YXL S M L XL

Allergies: \_\_\_\_\_

Notes: \_\_\_\_\_

CLINIC COST - \$40 (\$41.50 online)

Make checks payable to: Shiloh Church; Mail to Shiloh Church, 11700 JB Road, Black Hawk, SD 57718. Online registration available at [shilohblackhills.org](http://shilohblackhills.org).

Scholarships are available; contact Andy Coyle (605-200-2758) for details.

## RELEASE FORM

I release Shiloh Church, Post 22, and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Shiloh Church, Post 22, and representatives from any claims arising out of my minor child's participation in the activity.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release Shiloh Church, Post 22 and representatives and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Photograph release: Occasionally photos and videos may be taken. I grant permission for Shiloh Church to post photos including my child(ren) on its website or in other church publications.

Parent's Signature\_\_\_\_\_

Date: \_\_\_\_\_