



# Winter Indoor Clinic

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**5:30 – 7:00 p.m.**

**Sunday, February 3**

**Sunday, February 10**

**Monday, February 18**  
*(Presidents' Day weekend)*

**Sunday, February 24**

**Martin Gym, St. Albans School**

**Ages 7 – 13**

**Cost \$120 for all sessions**

Before you can be a good baseball player, you have got to be a good athlete. This winter's indoor clinic will focus on movement patterns and drill sets to help young players become athletic throwers and dynamic fielders.

Email [winwithinbaseball@gmail.com](mailto:winwithinbaseball@gmail.com) with any questions.

[www.WinWithinBaseball.com](http://www.WinWithinBaseball.com)



**WINTER INDOOR CLINIC  
REGISTRATION FORM**

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PLAYER NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

PLAYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLAYER HOME PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_

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PARENT #1 NAME \_\_\_\_\_ BEST PHONE # \_\_\_\_\_

PARENT #1 EMAIL \_\_\_\_\_

PARENT #2 NAME \_\_\_\_\_ BEST PHONE # \_\_\_\_\_

PARENT #2 EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \* \_\_\_\_\_ PHONE \_\_\_\_\_

*(\*should not be parent please)*

RELATION TO PLAYER \_\_\_\_\_

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**Program Philosophy**

Win Within Baseball was created with the idea of serving the athletic, social, and developmental needs and aspirations of local baseball players and their families. Program goals include the development of young athletes as competitors and productive members of their community. Winning is important, but teaching lessons about accountability, responsibility, team-building, sacrifice, and selflessness is a strong focus of our instructors and programs.

**Waiver of Liability and Disclaimer**

*I/we know that participation in the sport of baseball may result in serious or deadly injuries and protective equipment does not prevent all injuries to players. I/we hereby waive, release, absolve, indemnify and agree to hold harmless Win Within Baseball, the organizers, participants, and coaches from any claim arising out of the injury to my/our child whether the result of negligence or any other cause. In the event of an emergency where medical treatment is needed and I/we are unreachable, I give permission to the coaches/instructors to secure proper treatment and medical care for my child.*

*In no event will Win Within Baseball or St. Albans School be liable for any damages, including without limitation, direct or indirect, special, incidental, moral or consequential damages, loss of profits, opportunities or information or for expenses arising in connection with any services provided.*

PARENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Please sign and return this form with a \$120 check made payable to **Win Within Baseball** to reserve your clinic spot. Forms can be mailed to:

*Jason Larocque  
St. Albans School  
Mount Saint Alban NW  
Washington, DC 20016*

**Questions? Email [winwithinbaseball@gmail.com](mailto:winwithinbaseball@gmail.com).**

[www.WinWithinBaseball.com](http://www.WinWithinBaseball.com)