Andover High School Baseball Clinic

Dan Grams & Steve Tisbert
AHS Varsity Coaches

Summer Baseball & Softball Clinics

Session 1B Baseball: June 24 – 27 Mon – Thu Baseball
Late Day 5 PM – 7:30 PM **Ages: 4–7 & 8–10**

Session 1S SOFTBALL: June 24 – 27 Mon – Thu Softball
Late Day 5 PM – 7:30 PM **Ages: 4–7 & 8–10**

Session 2 Baseball: July 22 – 25 Mon – Thu
Mornings 9 AM – 1 PM **Ages 6–13**

Session 3 Baseball: August 12 – 15 Mon – Thu
Mornings 9 AM – 1 PM **Ages 6–13**

Location: All Clinics – softball or baseball @ AHS Fields

Instructors include former professional players along with
Present & former AHS players

Drinks supplied each day

Please bring snacks, glove, bat and sunscreen each day
For more information and signup sheets see other side or
www.andoverwarriorbaseball.com

Sessions 1B & 1S: $100 **(June - Late Day Mini Session)**
Session 2 or 3: $150/Full session (Mornings July or August)

Andover High School Baseball or Softball Clinic
Dan Grams P.O. Box 725, Andover, MA 01810
dannygrams@gmail.com 978-475-1822
WWW.AndoverWarriorBaseball.com

Andover High School Baseball Clinic

Student Name: _____

Age: _____ DOB: _____

Full Address: _____

Parent/Guardian Name: _____

Email Address: _____

Day Phone: _____ Night Phone: _____

If Parent or Guardian unavailable, please list adult that we may call in an emergency:

Name: _____ Phone: _____

Circle each session you are requesting and enclose payment

Mini Session 1B (Baseball): June 24—27 $100 Late day
Mini Session 1S (Softball): June 2—27 $100 Late day
Morning Baseball Session 2: July 22 – 25 $150 Morning Baseball Session 3: August 12 – 15 $150
*Softball players may attend session 2 & 3 with an AGSL coach's referral

MEDICAL INFORMATION

Insurance Company: _____ Policy #: _____

Student's Physician Phone: _____

Student's Dentist: _____ Phone #: _____

Date of Last Physical: _____

Does your son/daughter have any allergies? Yes No If Yes, Please explain:

Medication: (Please List):

RELEASE STATEMENT I UNDERSTAND THAT Andover High School Baseball Clinic cannot be held responsible in whole or in part for any accident resulting in medical or dental expenses incurring from participation in this program. I hereby release them from and against any and all claims, cost, liabilities and injuries incurred while working with this clinic. I agree to assume full and complete responsibility for any and all medical bills resulting from my participation. In the event of an emergency, I authorize Andover High School Baseball Clinic to exercise its best judgment in any necessary emergency medical treatment.

Signature of Parent _____Date _____

AHS Baseball Clinic P.O. Box 725, Andover, MA 01810
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