



THE FISHERS HIGH SCHOOL BASEBALL PROGRAM  
WILL HOST THE 6<sup>TH</sup> ANNUAL

## ***TIGERS BASEBALL All-SKILLS CLINIC***

SATURDAY, FEBRUARY 25, 2012  
FHS AUXILIARY GYM

5<sup>TH</sup>-6<sup>TH</sup> GRADERS: 9:00AM – 12:00PM  
7<sup>TH</sup>-8<sup>TH</sup> GRADERS: 1:00PM – 4:00PM

### COST

REGISTER BY FRIDAY, FEBRUARY 17<sup>TH</sup>: \$30 (INCLUDES T-SHIRT)  
REGISTER AFTER FRIDAY, FEBRUARY 17<sup>TH</sup> OR AT THE DOOR: \$35 (NO T-SHIRT)

ADVANCED REGISTRATION REQUIRED FOR T-SHIRT  
*LIMITED TO FIRST 60 REGISTRANTS*

### HOW TO APPLY

Fill out the attached application and return it along with \$30 to the address below as soon as possible. Checks made payable to "FHS Baseball". DEADLINE IS FRIDAY, FEBRUARY 17<sup>th</sup>.

Questions? Contact Coach Cherry      915-4290      [mcherry@hse.k12.in.us](mailto:mcherry@hse.k12.in.us)

***The Tradition Continues...***

CHARACTER · CLASS · EXCELLENCE

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Detach and Remit to:  
FHS Baseball  
PO Box 684  
Fishers, IN 46038

Name \_\_\_\_\_ Primary/Secondary Positions \_\_\_\_\_

Mailing Address \_\_\_\_\_ School \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Grade \_\_\_\_\_

Email \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the Fishers Baseball Program, the Fishers Baseball Dugout Club, the Fishers Athletic Department, Fishers High School, and all employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, participation in or involvement with this clinic, including failure of equipment or defect in the premise.

Signature of Participant \_\_\_\_\_

Signature of Parent \_\_\_\_\_