



Niceville High School
Baseball Clinic



BASEBALL/ SOFTBALL SCHOOL

The winning attitude is:
Believing in Yourself!

HOSTED BY Niceville-Valparaiso LL
Annual Spring Players' School

Take the next development step

Topics: Speed and agility, hitting, fielding, throwing and specialty areas

Presented by:
Kevin Berry, NHS Baseball Head Coach
Danny Hensley, NHS Softball Head Coach

Dates: Feb 10, 2007

Times: Saturday 9 - 3 pm

Ages: Groups divided by ages 6-8, 9-10, 11-12, 13-&-Older

Location: Baseball: Niceville Major League Field
Softball: NHS Softball Field

Tuition: Discount Rate - \$20 Late Rate - \$50
Register by Feb 2 After Feb 2

Special Notes: Bring your own bat & glove.
Bring tennis shoes for indoor use
Bring own lunch

For More Info. Call: Will Howell
850-855-4175 (eve)

NHS BASEBALL CLINIC ENROLLMENT APPLICATION Please print & complete all sections. Use one application per player.

Last Name _____

First Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____

Birth Date ____ / ____ / ____ Age _____

Parent E-Mail Address _____ (for future updates)

Mother or Guardian Name (first & last) _____

Mother's Occupation _____ Work Phone () _____

Father or Guardian Name (first & last) _____

Father's Occupation _____ Work Phone () _____

Check one: Baseball _____ Softball _____

Niceville,FL Feb 10, 2007

Discount Tuition: \$20 per player
(by Feb 2, 2007)

Late Tuition: \$50 per player
(after Feb 2, 2007)

Mail application & payment to:
NVLL
PO Box 764
Niceville,FL 32588

Make checks payable to:
NVLL

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students must provide proof of insurance coverage for any injury or sickness while attending Doyle Baseball. I waive and release Doyle Baseball from any injury or illness incurred going to school from home or while at school or returning from school to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

PAYMENT INFORMATION

___ Check ___ Cash
_____ Amount

Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. _____

Policy Number _____

Parent/Guardian Signature _____

Student Signature _____