FALL 2019 BASEBALL CLINIC at Williams College

FOR CURRENT SOPHOMORE & JUNIOR HIGH SCHOOL STUDENTS

Our goal is to expose participants to the Williams College’s Baseball Program, how the team trains and competes, and a glimpse of the student-athlete experience at a NESCAC Division III school.

ONE DAY SESSION
Sunday, November 10th

COST
$85 includes a day of training and instruction, as well as lunch and t-shirt

EQUIPMENT
Please bring your bat, glove, sneakers, pants and water bottle

SCHEDULE
10AM
Registration at Towne Field House
10:15AM-12PM
Showcase & Practice
12PM
Lunch
1-2:30PM
Games

ACCOMMODATIONS
1896 House Inn & Motel
413 458 1896
www.1896house.com

Maple Terrace Motel
413 458 9677
www.mapleterrace.com

The Orchards
800 225 1517
www.orchardshotel.com

The Williams Inn
413 458 9371
www.williamsinn.com

DIRECTIONS
Go to www.williams.edu/home/visitors

Be sure to sign up early, since there is limited space (30 participants total.)

NOVEMBER 2019 REGISTRATION FORM

NAME ________________________
GRAD YEAR ___ EMAIL ________________________
ADDRESS __________________________________
CITY ___________________ STATE ___ ZIP ______
HOME _____________________________________
CELL _______________________________________
PARENT/GUARDIAN _________________________
WORK _____________________________________
CELL _______________________________________
EMAIL _____________________________________
INSURANCE CARRIER ________________________
NAME OF HIGH SCHOOL _______________________
SCHOOL COACH _____________________________
WORK PHONE _______________________________
NAME OF CLUB ______________________________
CLUB COACH ________________________________
WORK PHONE _______________________________
PRIMARY POSITION __________________________
SECONDARY POSITION _______________________

RELEASE OF LIABILITY/RISK ACKNOWLEDGEMENT
Upon entering events sponsored by Williams College, I/we agree to abide by the rules of Williams College. I/we understand and appreciate the participation or observation of the sport constitutes to me/us the possibility of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release Williams College and its staff from any liability therefore.

__________________________________________________________________
PARTICIPANT SIGNATURE
__________________________________________________________________
PARENT/GUARDIAN SIGNATURE

To enroll, please return the completed form above with a non-refundable check for $85 made payable to Bill Barrale. Mail to Bill Barrale, Williams College Baseball, 22 Spring Street, Williamstown, MA 01267