

***BATTER UP!***  
**GET READY FOR SPRING BASEBALL**



**Fairfield Warde High School's  
WINTER BASEBALL CLINIC**  
*for boys & girls ages 5-12*



**Saturday, March 3rd**  
**12-2PM**  
**Highlights**

**Fundamentals:** hitting, throwing, catching & fielding  
taught by FWHS Baseball Coaches & Varsity Players

**Enrollment Information**

**Cost: \$45** (pre-registration required). All proceeds will go to support the Warde baseball program.

**\*Registration limited – first come, first served**

Make checks payable to: *Fairfield Warde Baseball*

Send checks & completed application to:

*Mark Caron- 74 New Lebbon Rd., Sandy Hook, Ct. 06482*

**Equipment Needed:** Glove, sneakers, long pants  
(no cleats, shorts or bats allowed)

**Medical Care:** CPR and First Aide certified staff present at all times.

**Location:** Main Gym, Fairfield Warde High School, 755 Melville Avenue

**Other:** In case of inclement weather, the clinic will be rescheduled to Sunday, March 4<sup>th</sup> from 2-4.

For more information contact Mark Caron – (FWHS head baseball coach)

[mcaron10@sbcglobal.net](mailto:mcaron10@sbcglobal.net) or [mcaron@fairfield.k12.ct.us](mailto:mcaron@fairfield.k12.ct.us)



# Fairfield Warde High School's WINTER BASEBALL CLINIC APPLICATION

Please fill out completely/legibly

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Elementary School \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_  
\_\_\_\_\_

***Parent or guardian must sign:*** As parent or legal guardian of above applicant, I authorize the Fairfield Warde High School's Winter Baseball Clinic to request medical treatment as necessary to insure the well-being of the applicant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release and forever discharge Fairfield Warde High School's Winter Baseball Clinic, their staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights claims for damages to person or property which may be sustained or occur during participation in activities, to or from program, whether paid damages, injury or loss are due to negligence or not.

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*Parent/Guardian Signature*

***Make checks payable to: Fairfield Warde Baseball***  
Payment is non-refundable.

***Send application with payment to:***

Mark Caron  
74 New Lebbon Rd.  
Sandy Hook, Ct. 06482