

The Willmar Stingers Are Hosting a Clinic!

The Willmar Stingers Fundamental Baseball Clinic, in association with Duininck Inc., is offering a **FREE** clinic session in Willmar on **Thursday, August 5th from 10am to 12pm at Bill Taunton Stadium**. The two hour clinic, open to all boys and girls ages 7-14, includes hands on instruction from your favorite Willmar Stingers players and coaches, a ticket to a Stingers game, and a whole lot of fun!

Willmar Stingers players and coaches will provide one on one instruction on the fundamentals of baseball. Your kids will gain the baseball knowledge and experience from Division I athletes and coaches from several different college programs around the country.

The Stingers are committed to helping kids and having some fun while doing it; it's the Stingers way!

There is no cost to participate in the clinic, although it is **limited to the first 100 kids** who sign up.

Name _____ Age _____ M _____ F _____

Address _____

City _____ State _____ Zip code _____

For more information contact Nick McCallum @ 320-222-2010

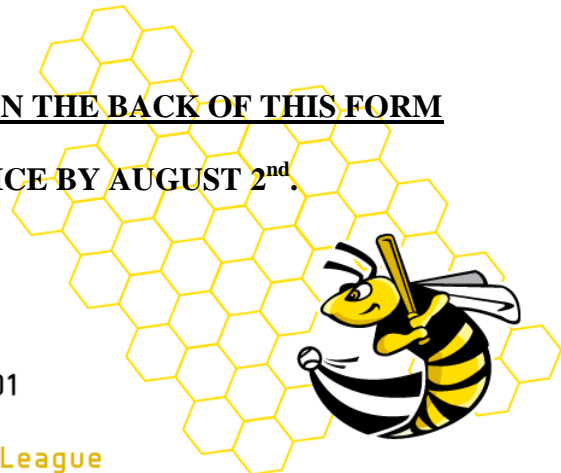
PLEASE MAKE SURE TO FILL OUT THE INFORMATION ON THE BACK OF THIS FORM

RETURN THIS FORM TO THE STINGERS OFFICE BY AUGUST 2nd.



320-222-2010
PO Box 201 Willmar, MN 56201
www.willmarstingers.com

Proud Member of the Northwoods League



STINGERS INSTRUCTIONAL CLINIC PARENTAL AUTHORIZATION

WE (OR I) AUTHORIZE THE STINGERS INSTRUCTIONAL CLINIC, OR ITS DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF HIS CHOICE AND AUTHORIZE TREATMENT OF THE BELOW-NAMED APPLICANT ON AN EMERGENCY BASIS IN THE EVENT SUCH TREATMENT BECOMES NECESSARY. WE (OR I) WILL BE RESPONSIBLE FOR ALL BILLS INCURRED AS A RESULT OF ILLNESS OR ACCIDENT WHILE THE BELOW-NAMED APPLICANT IS AT THE STINGERS INSTRUCTIONAL CLINIC, EXCEPT BILLS COVERED BY INSURANCE. WE (OR I) HEREBY REQUEST YOU ACCEPT THE APPLICATION FOR ENROLLMENT OF THE BELOW-NAMED APPLICANT FOR THE STINGERS INSTRUCTINAL CLINIC. IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS APPLICATION, WE (OR I) HEREBY RELEASE THE WILLMAR STINGERS, THEIR PLAYERS OR COACHES OR ANY OTHER CLINIC EMPLOYEES FROM ALL CLAIMS ON ACCOUNT OF ILLNESS, INJURIES, OR DISEASES WHICH MAY BE SUSTAINED BY THE BELOW-NAMED APPLICANT WHILE ATTENDING THE STINGERS INSTRUCTIONAL CLINIC, AND WE (OR I) FURTHER AGREE TO INDEMNIFY THE WILLMAR STINGERS AND ITS OWNERSHIP, PLAYERS AND COACHES FOR ANY CLAIM WHICH MAY HEREAFTER BE PRESENTED BY THE APPLICANT.

Date_____

Applicant's Name (Printed)_____

Applicant's Signature_____

Parent or Guardian Name (Printed)_____

Parent or Guardian Signature_____

Emergency Contact Phone #_____