



Coach Chris Henry's
2019 TEACHERS CONVENTION CLINIC

Coach Chris Henry, along with current and former high school and college players, will demonstrate and teach a variety of drills for all levels, along with live gameplay each day! Players will be grouped according to age and ability.

Players will develop their hitting, fielding, and pitching skills! Professional instruction also includes dynamic speed training, mental skills training and situational play!

For players 6-12 years of age.

THURSDAY, NOVEMBER 7, 2019

FRIDAY, NOVEMBER 8, 2019

9:00 am - 2:00 pm

These clinics will take place in the **South Orange Middle School Gym**. If weather permits, we may go outside.

Bring your own lunch or snack

Full day \$75/day

Sign up for both days \$135

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Registratrion

- Thursday, November 7 - \$75
- Friday, November 8 - \$75
- Both days - \$135

Player Name _____ Date of Birth _____
Address _____ Home Phone _____
City _____ Cell Phone _____
State _____ Zip _____ Email _____

Choose a payment method: Check/cash is enclosed Send payment via Venmo to @ChrisHenry-22

You can email registration to: chrishenrysportsinstruction@hotmail.com

Or mail form and payment to: Chris Henry Sports Instruction, LLC, P.O. Box 513, 31 Vose Avenue, South Orange, NJ 07079

Make check payable to: Chris Henry Sports Instruction, LLC

Parental Waiver and Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sports, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization names below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.



Name of Child _____ Date of Birth _____ Age _____

Street Address _____ Town _____ State _____ Zip _____

Please list any physical limitations (allergies, hearing, sight, etc.)

Parent's Signature _____ Date _____

Cell Phone _____ Cell Phone 2 _____ Home Phone _____

Work Hard...Play Better!

Sport: 2019 Teachers Convention Clinic