



O'FALLON PANTHER BASEBALL

WINTER FUNDAMENTALS CLINIC - JANUARY 21, 2019

GRADES: 1ST—8TH - COST: \$40.00

WINTER INSTRUCTION SCHEDULE

Monday January 21, 2019 - 7-10 Age Groups

8:30-9:00 am Check-in/Registration/Attendance
9:00-11:30 am Offensive and Defensive Skills
11:30-11:45 am Tee Shirt/Camp Photo/Dismiss

Monday, Monday January 21, 2019 - 11-14 Age Groups

12:30-1:00 pm Check-in/Attendance/Registration
1:00-3:30 pm Offensive and Defensive Skills
3:30-3:45 pm Tee Shirt/Camp Photo/Dismiss

**** CHECK-IN & REGISTRATION - OTHS SMILEY CAMPUS - PANTHER DOME LOBBY****

INSTRUCTIONAL SESSIONS

The O'Fallon Panther Baseball Staff and Players are offering youth players an opportunity to receive quality instruction in the art of baseball. The camp will feature intense concentration on fundamentals, the cornerstone in the development of any player. Instilling hustle, hard work, desire to improve, and the development of a positive attitude about the game is our staff and players goal. Teaching stations will include programs designed to improve bunting, base running, throwing, and defensive techniques common to all positions. Panther Baseball Program drills, with a special emphasis on hitting and defense, are part of instruction, as players will experiences this type of training throughout their baseball career.

FACILITIES

The instructional sessions are held at O'Fallon Township High School SMILEY CAMPUS. Indoor athletic facilities are used during this camp to complete both the defensive and offensive sessions.

THE COACHING STAFF

The O'Fallon Panther Baseball coaching staff lead the instruction. In addition, the staff will feature current Panther Baseball players and Panther Baseball alumni.

The O'Fallon Township High School baseball team annually ranks among the elite baseball programs in the state of Illinois and the Midwest. To date O'Fallon Panther Baseball has the highest win total of any team in the history of the state of Illinois with over 1400 career victories. The Panthers have won thirty conference titles, eighteen IHSA Regional championships, eight IHSA Sectional Championships, four IHSA Elite Eight Appearances, two IHSA Final Fours and two IHSA 3rd Place finishes. Eight Panthers have earned All-American honors, forty-one All-State honorees, and countless former Panthers have gone onto play collegiate and/or professional baseball.

IMPORTANT

Completing this form and a signed waiver are required for your child to participate. Please send the application form, a signed waiver, and full payment to O'Fallon Township High School, 600 S. Smiley Street, attn: Joe Bauer – WINTER CLINIC. **Registration requests can be emailed to Coach Bauer at: bauerj@oths.us** however, completed paperwork is still required. Allow 5-7 days for processing prior to receiving an e-mail or phone confirmation.

Cost: \$40.00 - includes a camp T-shirt.

On-line payment is available up until Jan 20th (service fees apply). On-line payment WILL NOT be available the day of the clinic. Day-of payments must be cash or check. Paying on-line, DOES NOT complete the registration process. Please send in the application form, a signed waiver, and full payment. To pay on-line visit:

<https://www.eventbrite.com/e/oths-panthers-baseball-winter-fundamentals-clinic-tickets-53444309368> or scan



Pay with cash or check: Payments can be made via cash or check. Please make checks payable to "OTHS Baseball". Please write the participants **FULL NAME** on the check.

Equipment: Campers should wear athletic wear, including athletic shorts or sweatpants, t-shirt or sweatshirt, hat and tennis shoes suitable for indoor athletic surfaces. Campers should also bring their own, glove, bat, helmet and a small water jug.

2018 Winter Clinic Application & Waiver

Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency Phone: _____

Email 1: _____ Email 2: _____

Grade: _____ School: _____

Summer Team: _____ Summer Coach: _____

T-Shirt Size (PLEASE CIRCLE):	YS	YM	YL	AS	AM	AL	XL	XXL
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Payment Options:

- ☐ Check # _____ **Checks Payable to: OTHS Baseball** Please write the participants **FULL NAME** on the check)
- ☐ Cash
- ☐ Eventbrite On-line Payment Confirmation #: _____

WAIVER

In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive & release the O'Fallon Township High School District 203, their agents, committees, & members from any and/or all claims on right to damage for injuries or losses suffered by me directly or indirectly in training, or traveling to or from, or competing in, or attending the Panther Baseball Winter Clinic.

Participants Signature:

Parent/Guardian Signature:

Please mail signed waiver, payment, and application to:

OTHS Baseball
Attn: Coach Bauer – Winter Clinic
600 South Smiley St
O'Fallon, IL 62269