

2010



Billings Clinic

Billings Royals Offense/Defense Camp

Sunday, April 25, 9 am-4 pm

Ages 9 - 15

Urbaska Field

Offense

Short Game - Bunting, Dragging
Hitting - T- work, Soft Toss
Cage - Live Batting Practice
Base Running - Leads, Steals
Hit & Runs

Defense

Catching
Throwing
Infield Play
Outfield Play
Catcher "D"

Billings Clinic Sports Medicine staff will be providing baseball specific SPARQ training.

Camp Instructors

Greg Steffanich

Head Coach Billings Royals

Randy Ostermiller

Assistant Coach Billings Royals

Scott Hayden

Head Coach Billings Blue Jays

Marty Edwards

Asst. Coach Billings Blue Jays

Billings Royals Players



Camp Fees

Cost \$60 per Camper

Includes Camp T-Shirt

Camp is limited to the 1st paid 60 players. Campers must bring glove, bat, spikes, and water bottle. Campers may also pack a lunch for the break from noon to 1 pm.

For more info call Greg Steffanich @ 406-670-7320

To register and to download Release Form visit, www.leaguelineup.com/billingsroyals Mail Registration/Release Form and checks payable to: Greg Steffanich Box 50954, Billings Mt. 59105



Orthopedics & Sports Medicine

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- 7 years in a row!



Billings American Legion Post #4 Royals and Scarlets Baseball Training Camp Consent Form



Participant Information

The athlete and parent must fill this form out prior to attending the camp. Please include this form with the proper camp fee amount. The Billings American Legion Program has devised this camp in an effort to improve Billings' athletes, enhance community interest and promote the benefits of enjoying America's favorite pastime—BASEBALL.

Participant's Age: _____

Participant's Name: _____ Grade: _____ School: _____

Address: _____ Phone: _____ City: _____

Zip: _____ Date of Birth: _____ **T-Shirt Size (check one):**

Email address: _____

Youth Medium

Adult Small

Youth Large

Adult Medium

Adult Large

Parent's Consent and Release Form

The parent or guardian must fully complete and sign this form. Where the parents are divorced, a parent having legal custody that was established by a court must sign this form.

1. I/We have read and confirmed the above information and agree to allow my son/daughter to participate in the American Legion Baseball Camp.
2. I/We understand and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in the American legion Camp and I/We assume all risks of injury and damage incident to his/her participation in the American Legion Camp I/We further in consideration of the privilege to attend this camp, **hereby release and relinquish The American Legion Program, its officers, agents, their representative, employees, and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son/daughter.**
3. **I/We release, discharge and agree not to sue the American Legion Baseball Programs. I/We further agree that I/We shall hold harmless and fully indemnify The American Legion, its officers, employees, or any person connected with the team, its agents, coaches, and managers.**

Finally, I/We agree in the event of illness or injury to my son/daughter during the American legion Baseball Camp. I/We hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Date: _____

Signature: _____ Relationship: _____

Participant's Signature: _____ Emergency Phone: _____

Family Physician & Phone: _____ Hospital Preference: _____

Medical Insurance Company & Policy #: _____

MAIL THIS FORM AND YOUR CHECK TO:

**Greg Steffanich
P.O. Box 50954
Billings, MT 59105**