

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

Fax: (515) 986-3846

www.grimesiowa.gov

CITY OF
GRIMES



Baseball Throwing/Fielding Clinic

What: Numerous drills to develop the young baseball player by teaching proper mechanics in throwing and catching. Work will be done on grounders, short hops, footwork, backhands, and more. Please bring your baseball glove, athletic cup (if needed), and clean/dry tennis shoes. **Maximum of 12 players per session.**

Who: For Kids Grades 1-6

Where: Grimes Community Complex Gym

Dates: Sundays, February 10 – March 3, 2013

Time: Grades 1-3: 3:00pm – 3:45pm
Grades 4-6: 3:45pm – 4:30pm

Instructors: Steve Postel, Former Simpson College Baseball Player

Questions: Contact Brett Barber, Grimes Parks & Recreation Director, at bbarber@ci.grimes.ia.us or by phone at 515-986-2143.



To Register: Online Registration is available at www.grimesiowa.gov or pay with cash/check to **City of Grimes** and bring/mail in registration to the Rec Office at 410 SE Main Street Grimes, IA 50111.

Cost: \$25 per player

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2013 "Baseball Throwing/ Fielding Clinic" Registration Form

PARTICIPANT'S NAME: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ GRADE _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Please circle appropriate age group: Grades 1-3 Grades 4-6

Cost is \$25 per player.

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date