



# MP SLUGGERS

## 3rd-7th Grade

This program focuses on building fundamental skills in a safe environment while building the enjoyment of playing baseball. Participants will rotate through various stations that focus on skills of the game. Skills include throwing, catching, fielding, hitting, and pitching. Please bring your own hats and gloves. Cleats and bats are optional. This clinic will be instructed by the Mount Pleasant High School coaching staff and players.



Registration:	February 12– March 29
Dates:	April 16, 18, 23, 25
Time:	3rd-5th 5:30-6:15 PM 6th-7th 6:30-7:30 PM
Location:	East Lake Park: Softball Complex (Fields 2 & 3)
Fee:	\$20.00 Residents \$25.00 Non-residents



**Detach the bottom portion and return to the Parks & Recreation Department at 307 East Monroe, Mt. Pleasant, IA 52641 Phone: 319-35-1475 Email: mpparkandrec@gmail.com**

### MP SLUGGERS 2024

Name: _____	Address: _____
Phone: _____ Emergency Phone: _____	City/State/Zip: _____
Age: _____ Gender: _____ Grade: _____	Mt. Pleasant City Resident:    Yes    No

#### Hold Harmless Agreement

Whereas the city of Mt. Pleasant, Iowa , acting through the Mt. Pleasant Park & Recreation Department, is conducting recreational activities for the benefit of the Mt. Pleasant, Iowa area on the above program dates for the activity.

We the undersigned, hereinafter referred to as the participants, and as said participant is under the age of 18, we the parents also do hereby covenant and agree to save the city of Mt. Pleasant, Iowa and its employees free harmless from any and all claims, demands, damages causes of action or suits at law or in equity and attorney's fees related thereto, at whatsoever kind or nature that may arise in the future, or at any time as a result of any damages done by said participants to any person , firm or corporation as result of said participants activities sponsored by the city of Mt. Pleasant, Iowa on the above program. Said claims, demands, damages, and causes of action include, but not limited to medical care, hospitalization, and personal liability claims brought by or against each individual.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian's Email: \_\_\_\_\_