Olivet Nazarene University Baseball

CHRISTMAS BREAK CLINICS
December 27-29

Ages 5-10
8:30 a.m. - 11:30 a.m.
snack provided
$55

Ages 11-15
1:00 p.m. - 3:30 p.m.
$55

Sessions include:

hitting
fielding
throwing
baserunning
pitching

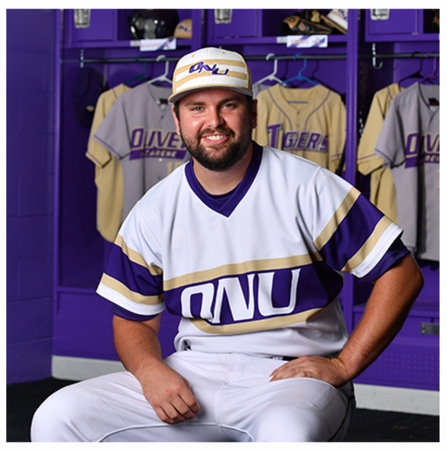
What to Bring: glove, bat, helmet, sneakers

Coaching Staff

Head Coach, Olivet Nazarene

CCAC Coach of the Year (2016)
NAIA National Championship Opening Round Appearances (2016)
Chicagoland Collegiate Athletic Conference Co-Champions (2016)
Chicagoland Collegiate Athletic Conference South Division Champions (2016, 2013, 2012)
400th career win (2016)
National Christian College Athletic Association World Series Appearances (2013, 2012, 2011, 2010, 2009)
Led Tigers to program's 1,000 victory (2010)
MLB Draftees: Josh Altmann (2015), Ben Heller (2013)

Todd Reid



Pitching Coach, BBCHS

- Pitching Coach, BBCHS
- Asst. Pitching Coach, ONU
- ONU baseball (2011-2014)
- Rawlings-NAIA Gold Glove Team (2014)
- All-CCAC First Team (2014)
- Daktronics-NAIA Scholar-Athlete (2014, 2013)
- CCAC All-Academic Team (2014, 2013, 2012)
- Third all-time on ONU career list for innings pitched (293.1)
- Fourth all-time on ONU career list for wins (25)
- Sixth all-time on ONU career list for strikeouts (187)

Jonathan Fightmaster

Name: _____ Age: _____ Grade: _____

Address: _____

City: _____State: _____ Zip: _____

Emergency Phone(s): _____

Parent/Guardian Name: _____

Email: _____

I/We, the undersigned, _____ parent or guardian of _____, a minor participating in baseball camp at Olivet Nazarene University, do hereby authorize the participation of, and accept responsibility for the attendance of, said minor in the above camp on the Olivet campus and all activities in connection therewith, and conducted under auspices of the Olivet Nazarene University Department of Athletics.

Since the law requires that parental permission be obtained for most medical procedures on minors, I/we wish to give permission for the trainer of Olivet Nazarene University to perform such diagnostic, therapeutic, and operatic procedures as he or she deems necessary for my/our child.

I/we understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, except in extreme emergency, without the parent(s) being contacted and fully informed and consent obtained.

I/We also understand that the Olivet Nazarene University coaches have the right to send my/our child home without refund for damages, inappropriate activities, or misconduct, and that I/we may be billed for damages or other replacement costs resulting from theft or damage.

Signed_____Date_____