



WINTER CONDITIONING PROGRAM

PPH BASEBALL (732) 586-1309 www.pphbaseball.com

**8 WEEKS OF TRAINING - 2 SESSIONS AVAILABLE
FOR BASEBALL AND SOFTBALL ATHLETES!
ADVANCED INSTRUCTION AND TONS OF FUN**

PRICING – ONLY \$200 PER HOUR LONG SESSION

THURSDAY NIGHT CONDITIONING CLINICS

STARTING JAN 11th THROUGH MARCH 1st

CONDITIONING (AGES 8 - 12) – 5PM

CONDITIONING (AGES 12 -18) - 8PM

CLINICS WILL BE BROKEN DOWN BY AGE WITHIN THE GROUP. IF CLINICS FILL UP ADDITIONAL TIMES WILL BE ADDED TO ACCOMMODATE OR CLASSES CAN BE CONDENSED FOR LOW REGISTRATION

WWW.PPHBASEBALL.COM

Please send check or money order, payable to POWER PITCHING & HITTING for amount of camp/ camps selected, with completed enrollment form, to us at: PO Box 241, Plainsboro, NJ 08536

CLINIC DESCRIPTION

HITTING

This clinic is focused on training the whole body to be a stronger and faster athlete. Coach Alex has been training Baseball/Softball athletes for years and his experience is second to none. Come get fit with us and raise your game!

LOCATION

**PPH BASEBALL INDOOR
1 KIMBERLY RD. SUITE 105
EAST BRUNSWICK, NJ 08816**

LOG ONTO OUR SITE TO FOR ONLINE REGISTRATION!

| | | | |
|---------------------|-------|------------------|-----------|
| Player's First Name | _____ | Last Name | _____ |
| Street Address | _____ | City, State, Zip | _____ |
| Player's Age | _____ | Phone | () _____ |
| Mother's Name | _____ | Father's Name | _____ |
| Emergency Contact | _____ | Relationship | _____ |
| Emergency Phone | _____ | Email Address | _____ |

Does the player have any medical condition that would preclude/restrict participation in the clinic?
 YES NO If YES, please explain.

Primary Position: (Please Circle One) P C IF OF T SHIRT SIZE YM YL S M L
 What position do you want to learn most about during the camp?

Please Specify which week you are attending. (Circle one)
 SESSION 1 - 5PM SESSION 2 - 6PM SESSION 3- 7PM SESSION 4- 8PM

Waiver: I the undersigned, as a parent or guardian of the named applicant for entry into the clinic activities offered at PPH BASEBALL INDOOR Facilities & Adjacent Fields do hereby give permission and approval for the applicant's participation in Instructional Classes offered by Power Pitching & Hitting Professional Baseball Instruction, Inc. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release and absolve the organizers, sponsors, directors, managers, coaches, instructors, and participants from any claim arising out of injury to the applicant, my son/ daughter/ ward.
Medical: I give my consent for any emergency medical/ surgical treatment to be given to my child. This treatment pertains to life threatening situations or any other medical emergencies such as fracture or suturing. I give my consent for the emergency to treat my child. This does not apply to elective surgery.

Signature of Parent _____

Date _____

