



FEBRUARY SOFTBALL HITTING CLINICS

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

4 WEEKS OF CLINICS - 3 SESSIONS AVAILABLE
VERY AFFORDABLE AND LEARN FROM PROFESSIONALS
ADVANCED INSTRUCTION AND TONS OF FUN

PRICING – ONLY \$125 for 4 weeks!

Sign up for multiple clinics and or sessions and receive discounts

FEBRUARY THURSDAY NIGHT CLINICS

STARTING FEB 8th THROUGH MARCH 1st

HITTING CLINICS (AGES 6 – 8) – 6PM = \$125

HITTING CLINICS (AGES 9 -12) - 7PM = \$125

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

CLINIC DESCRIPTION

HITTING

This clinic is focused on teaching the hitter to use his whole body and how to condition the hitting muscles. It will also cover approach at the plate as well as the mechanics needed to increase bat speed and power.

LOCATION

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

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

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 _____

