



January Sessions for Pitching and Hitting

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

4 WEEKS OF CLINICS - 4 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

JANUARY MONDAY NIGHT CLINICS

STARTING JANUARY 8th THROUGH JANUARY 29ST

- HITTING CLINICS (AGES 6 - 8) - 5PM = (\$125)**
- PITCHING CLINICS (AGES 6 -8) - 6PM = (\$125)**
- HITTING CLINICS (AGES 9 -12) - 7PM = (\$125)**
- PITCHING CLINICS (AGES 9-12) - 8PM = (\$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

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

PITCHING

This clinic focuses on teaching the full pitching delivery and using the whole body. This is a precursor to our velocity program. This set of clinics will help pitchers unlock their potential by teaching powerful mechanics, as well as drills for accuracy and utilizing different pitches.

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**

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 _____

