



DECEMBER SATURDAY CLINICS

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

4 WEEKS OF CLINICS - IN DECEMBER
VERY AFFORDABLE AND LEARN FROM PROFESSIONALS
ADVANCED INSTRUCTION AND TONS OF FUN

PRICING - ONLY \$125 for 4 WEEKS

DECEMBER CLINICS

SATURDAYS (DEC 7, 14, 21, 28)

FIELDING CLINICS - 10:30AM = (\$125)

CATCHERS CLINICS - 11:30AM = (\$125)

OPEN HITTING (SATURDAYS IN DECEMBER)

TIMES 12:30PM TO 2:30PM

\$20 PER SESSION

(DROP BY AND HIT FOR 2 HOURS)

CLINICS WILL BE BROKEN DOWN BY AGE WITHIN THE GROUP.

WWW.PPHBASEBALL.COM

CLINIC DESCRIPTION

FIELDING

This clinic focuses on teaching the full fielding skills from proper prep steps, fielding position and approaching ground balls. Also glove side and throwing side fielding positions will be covered as well as turning double plays.

CATCHERS CLINIC

This clinic is focused on teaching the catchers position. Players will be expected to bring catchers gear. The players will learn receiving, blocking as well as proper footwork and throwing.

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)

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 _____

