



# FALL SESSION #2 for Pitching and Hitting

PPH BASEBALL (732) 586-1309 [www.pphbaseball.com](http://www.pphbaseball.com)

**4 WEEKS OF CLINICS - 2 sessions Available**  
**VERY AFFORDABLE AND LEARN FROM PROFESSIONALS**  
**ADVANCED INSTRUCTION AND TONS OF FUN**

**PRICING - ONLY \$125 for 4 WEEKS**

## FALL CLINICS

### MONDAY NIGHTS (STARTING NOV 25)

**HITTING CLINICS - 6PM = (\$125)**

**PITCHING CLINICS - 7PM = (\$125)**

### TUESDAY NIGHTS (STARTING NOV 26)

**HITTING CLINICS - 6PM = (\$125)**

**PITCHING CLINICS - 5PM = (\$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](http://WWW.PPHBASEBALL.COM)**

## 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**

*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 \_\_\_\_\_



