FALL SESSION FOR HITTING

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

5 WEEKS OF CLINICS
VERY AFFORDABLE AND LEARN FROM PROFESSIONALS
ADVANCED INSTRUCTION AND TONS OF FUN

PRICING – ONLY $225 FOR 5 WEEKS, DISCOUNTS FOR MULITPLE

FALL CLINICS

SATURDAYS STARTING NOVEMBER 12 – DEC 17th
OFF NOV 26th

INTERMEDIATE HITTING CLINICS - 11AM
BEGINNER HITTING CLINICS - 12PM
ADVANCE HITTING - 1PM

CLINICS ARE SERIOUSLY BROKEN IN TO SKILL LEVEL PLEASE SIGN UP FOR YOUR PLAYER'S APPROPRIATE SKILL LEVEL OR WE WILL PLACE THEM IN THE CORRECT SKILL LEVEL AND THEY MAY MISS A WEEK.
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.

Swing training is also address in the advanced classes. Swing training is the training of the high level swing that is used by many professional hitters. The techniques are legit and taught to CRUSH BASEBALLS!

LOCATION

PPH BASEBALL INDOOR
891-893 Cranbury South River Rd.
South Brunswick, NJ 08831

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