



**SUMMER PREMIER CAMPS IN HAMILTON!
At HGSA FIELDS**

Power Pitching & Hitting (732) 586-1309 www.pphbaseball.com

**CHOICE OF FULL DAY (9am - 3pm) OR HALF DAY(9am - 12pm)!
VERY AFFORDABLE AND LEARN FROM PROFESSIONALS
ADVANCED INSTRUCTION AND TONS OF FUN**

Camps Include Instruction in:

- Hitting ● Fielding ● Catching ● Bunting●
- Base running
- Proper conditioning ● Arm Care
- Live Games Everyday

**SOFTBALL
SUMMER CAMP**
(4 Day Camp/T-Shirt/Awards)

ONLY \$195

SUMMER CAMP DISCOUNTS
Sibling Discount - \$125 for second child
1/2 Day Summer Camp Only - \$125 (9-12pm)

**Dates and Location
SUMMER PREMIER
SOFTBALL CAMP AT HGSA**

Times: 9am to 3pm

**Dates: July 16TH – July 19th
(20th is a rain date)**

Location: HGSA FIELDS

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)
FULL DAY July 10 HALF DAY July 10 ONLINE REG at www.pphbaseball.com

Waiver: I the undersigned, as a parent or guardian of the named applicant for entry into the clinic activities offered at HGSA and 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 _____

