



Fall Clinics for Pitching and Hitting

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



5 WEEKS OF CLINICS

VERY AFFORDABLE AND LEARN FROM PROFESSIONALS

ADVANCED INSTRUCTION AND TONS OF FUN



PRICING - ONLY \$175 FOR 1 (5 week) SESSION! SIGN UP FOR 2 (5 week) SESSIONS FOR \$300!

FALL CLINICS

STARTING OCTOBER 8th THROUGH NOVEMBER 5th

HITTING CLINICS (AGES 8 - 12) - 10AM

PITCHING CLINICS (AGES 8 -12) - 11AM

HITTING CLINICS (AGES 13-18)- 12PM

PITCHING CLINICS (AGES 13-18)- 1PM

CLINICS WILL BE BROKEN DOWN BY AGE WITHIN THE GROUP. IF CLINICS FILL UP ADDITIONAL TIMES WILL BE ADDED TO ACCOMMODATE

www.HamiltonAs.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

**Pecci Field House
126 Maple Shade Ave.
Hamilton, NJ**

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 HALF DAY 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 Hamilton A's 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

