



**SUMMER PREMIER CAMPS IN SPOTSWOOD!
At SPOTSWOOD YOUTH 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:**
Pitching • Hitting • Fielding • Catching •
Bunting• Base running
• Proper conditioning • Arm Care
• Live Games Everyday

**BASEBALL AND 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
BASEBALL AND SOFTBALL
CAMP AT SYBB**

Times: 9am to 3pm

**Dates: June 19TH - June 23rd
(24th is a rain date)**

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 June 29 HALF DAY June 29 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 SYBB 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 _____

