



# Park Center Baseball



## YOUTH BASEBALL CLINIC

*This clinic is for baseball and softball players at the youth level (ages 7-13)*

**Date: Feb 27, 2010**

**Session 1 (ages 7-9) – 11am**  
**Session 2 (ages 10-13) – 1pm**

1.5 hour sessions

Park Center Senior High

Noble Ave Entrance

Cost: \$25 per session

*(includes T-shirt)*

*payable to "Park Center Dugout Club"*

Sessions 1: ages 7-9

Session 2: ages 10-13

### Baseball Clinic

2/27 – 11am (ages 7-10)

– 1pm (ages 11-13)

### ***Each session will include:***

*Hitting Mechanics and Drill Work*

*Fielding and Throwing Mechanics for Infielders*

*Fielding and Throwing Mechanics for Outfielders*

*Base-running Dynamics*

*Pitching Mechanics and Drills*

### ***Please have your ball-player:***

*1) wear athletic attire if possible*

*2) bring his/her glove*

*3) bring age-appropriate bat*

*(we will provide bats for those who do not have their own)*

### **Rob Vitense**

Head Coach

Park Center Baseball

[rvitense@comcast.net](mailto:rvitense@comcast.net)

### **John Koch**

President

Park Center Dugout Club

[jmstcookie@comcast.net](mailto:jmstcookie@comcast.net)

### **Registration Form Cost \$25\***

*(please use separate form for each player)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Session Player Will Attend (select one):

**Session 1 (age 7-9):**       11 AM

**Session 2 (age 10-13):**       1 PM

Emergency/Home Phone Number(s):  
\_\_\_\_\_

Parent/Guardian Name:  
\_\_\_\_\_

### **Please return registration form and payment to:**

Park Center Dugout Club

%: John Koch

8935 Regent Pkwy

Brooklyn Park, MN 55443

### **Player authorization and waiver:**

I hereby authorize the Park Center Youth Baseball Clinic (PCYBC) Staff to act for me according to their best judgment in any medical emergency. I hereby waive and release the clinic and staff from any and all liability for any injury or illness occurred while at the PCYBC. I understand that I am responsible for any medical costs that might occur to my child at the clinic. I have no knowledge of any physical impairment that would affect the above player's participation in PCYBC.

*Parent Signature:*  
\_\_\_\_\_

**\*\$30 if registering after Feb 26<sup>th</sup>  
( T-shirt may not be available)**