



# Park Center Baseball



## 2012 Park Center Youth Baseball Clinic

Saturday, February 25<sup>th</sup>!!!!

Cost: \$35 per session

(includes T-shirt)

payable to "Park Center Dugout Club"

**Session 1: ages 7-9 (11-12:30)**

**Session 2: ages 10-13 (1- 2:30)**

1.5 hour sessions

@ Park Center Senior High

Noble Ave Entrance

Head Coach Shannon Blansette-  
[shannonblansette@yahoo.com](mailto:shannonblansette@yahoo.com)

Deb Becker- Dugout Club  
President  
[deb.becker@comcast.net](mailto:deb.becker@comcast.net)

### ***Each session includes:***

- \* Instruction from a coaching staff that includes professional and college playing and coaching experiences
- \* Hitting, fielding and throwing mechanics, tips and drills
- \* A chance to meet and work with Varsity baseball players

### ***Advice for the day of the event:***

- \* wear comfortable athletic attire including gym shoes
- \* bring his/her glove
- \* bring age-appropriate bat (we will provide bats for those who do not have their own)

*No school district funds were used to produce or copy this flyer/brochure.*



### **Registration Form Cost \$35\***

(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  
%: Shelli Schultz  
7340 Colorado Avenue North  
Brooklyn Park, MN 55443

**\*\$40 if registering after Feb 20<sup>th</sup>  
( T-shirt may not be available)**

### **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:  
\_\_\_\_\_