

2011-12 SAINT JOSEPH'S UNIVERSITY WINTER BASEBALL CLINICS FOR GRADES 4-8

Saint Joseph's University is pleased to announce the dates for its 2011-12 Winter Baseball Clinics.

This season, the Saint Joseph's baseball staff will host comprehensive, instruction-intensive clinics in hitting, pitching, catching, and playing the infield.

The "Practice Like a Hawk" clinic provides an opportunity for aspiring young baseball players to spend a day in the shoes of a Hawk baseball player. Campers will experience a practice exactly like the Saint Joseph's baseball team does on a daily basis. Hitting, pitching, and defense will be the main focus while other topics, including stretching, arm care, and conditioning will be covered.

All clinics will be capped at 24 participants.

Please make checks payable to **Saint Joseph's University** and remit payment, along with the registration form below, to:

Baseball Office
Saint Joseph's University
5600 City Avenue
Philadelphia, PA 19131

For more information contact Assistant Coach Jacob Gill at 610-660-2592 or via e-mail at jjgill@sju.edu.

CLINIC SCHEDULE

Tuesday, December 27

Infield Clinic for Grades 4-8: 8:30-11:00 a.m. (\$65)

Hitting Clinic for Grades 4-8: 12:00-3:00 p.m. (\$75)

Cost for both clinics combined is \$130

Wednesday, December 28

Practice Like a Hawk for Grades 4-8: 9:00 a.m.-12:00 p.m. (\$75)

Saturday, January 7

Catching Clinic for Grades 4-8: 9:00-11:30 a.m. (\$65)

Hitting Clinic for Grades 4-8: 12:30-3:30 p.m. (\$75)

Cost for both clinics combined is \$130

Sunday, January 8

Pitching Clinic for Grades 4-8: 9:00-12:00 p.m. (\$75)

FOR CAMP/CLINIC DATES AND TIMES VISIT WWW.SJUHAWKS.COM

REGISTRATION FORM

Please Note: For all camps, we do NOT provide health & accident insurance. Campers must rely on their guardian's medical services. Insurance information must be included on the application. Minor sports injuries are treated by staff members. Saint Joseph's University waives all responsibilities for treatment of camp-related injuries.

Amount Enclosed:

Please check the appropriate box(es) for the clinic(s) you are registering for:

- | | |
|---|---|
| <input type="checkbox"/> 12/27 – Infield Clinic | <input type="checkbox"/> 12/27 – Hitting Clinic |
| <input type="checkbox"/> 12/28 – Practice Like a Hawk | |
| <input type="checkbox"/> 1/7 – Catching Clinic | <input type="checkbox"/> 1/7 – Hitting Clinic |
| <input type="checkbox"/> 1/8 – Pitching Clinic | |

Camper's Name _____

Parent's Name _____

Address _____

City/State/Zip _____

Primary Position _____ Secondary Position _____

Email _____

Home Phone _____ Emergency Phone _____

School _____ Grade _____ Age _____

Please note any medical conditions that we should be aware of:

I hereby authorize the staff of the Saint Joseph's University baseball clinic/camp to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named campers participation in the camp program, as outlined in this brochure.

Parent or Guardian Signature _____

Name of Health Insurance Provider _____

Agreement# _____ Group _____