

# SPRING TRAINING

FEBRUARY BREAK

HITTING AND FIELDING CLINIC

## HITTING

### Full Hitting Instruction

TEE WORK.. FRONT TOSS.. LIVE BP..GAME REPS

**WE WANT REPETITION!!**

**OUR FOCUS WILL BE GETTING QUALITY SWINGS AND  
FAST/UPTEMPO PACE!!**

## FIELDING & THROWING

**GROUND BALL FOOTWORK.. FLY BALL  
FOOTWORK..CATCHERS RECEIVING..**

**THROWING WILL BE LIMITED-**

**WE ARE FOCUSED ON FIELDING AND SKILL**

**DATES:**

**February  
19th - 23rd**

**TIME**

**8:00 AM - 12:00 PM**

**\*Bring WATER BOTTLE**

**\*Bring a Snack**

**\*Wear Shoes**

# HITTING AND FIELDING

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### **Emergency Contact Info**

**Home #:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Email :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Agreement and waiver: I understand that participant and/observation in this program constitutes a risk to myself and/or my child. I understand the risks associated with this establishment and hereby release BASEBALL UNLIMITED, Inc., ITS INSTRUCTORS, THE CITY OF WALTHAM, and THEIR AGENTS AND EMPLOYEES of any and all liabilities that may occur from injuries associated with the risks of participating in this activity, however caused. By signing this form, this shows that you have read, understand, and completely agree with this waiver and with the rules and regulations associated with this establishment and further agree to participate in this establishment at my own risk.

**Signature (Parent or Guardian of Minor):**

**COST  
PRE REGISTRATION  
275.00**

**REGISTER DAY OF  
CLINIC  
300.00  
75.00 PER DAY**

Please Credit Card (Master and Visa ) and Cash is accepted

Send Check or Money Order to:

Baseball Unlimited Inc.  
P.O. BOX 541023  
Waltham, MA 02451

**WAIVER:**

**FORM WILL BE AVAILABLE UPON ARRIVAL AT FIRST SESSION.**