



WINTER BASEBALL CLINIC

The Berkshire Baseball Club & Body Zone are proud to announce their annual winter clinic for baseball players ages 8-18 (players are placed in age appropriate groups).

- **When:** Sunday Mornings at 8:00 AM & Thursday evenings at 6:00 PM.
- **Where:** Kutztown University Field House, Kutztown, PA on the following dates: 1/2/11; 1/16/11; 1/23/11; 1/30/11; 2/6/11; 2/13/11; 2/20/11; 2/27/11 & 3/6/11.
Body Zone, 3103 Paper Mill Road, Wyomissing, PA 19610 on the following dates: 1/6/11; 1/9/11; 1/13/11; 1/20/11; 1/27/11; 2/3/11; 2/10/11; 2/17/11; 2/24/10 & 3/3/11.
- **Cost:** \$250.00 per player.
- During the 50+ hours of instruction, we will cover the fundamentals of hitting, fielding, base running, pitchers mechanics, throwing programs, catchers blocking, throwing and sport specific speed, agility, strength & conditioning. Instructors will be various members of the Berkshire Baseball Coaching staffs, Parisi Speed School as well as special guest appearances from local college coaches, scouts, former and current professional players.

Registration & Parental Release Form

PLAYER NAME, AGE & POSITION:

PLAYER SHIRT SIZE:

PARENT/GUARDIAN NAME:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE NUMBER:

EMERGENCY CONTACT & PHONE NUMBER:

PLEASE REGISTER ME FOR THE BERKSHIRE BASEBALL WINTER CLINIC.

Medical Consent (Required):

I hereby state that my child is in good health, and has my permission to participate in all workout activities. In the event of injury or illness, I authorize Berkshire BB & SB, Body Zone and/or Kutztown University staff to act for me in securing medical treatment. Registration in any Berkshire BB & SB, Body Zone and/or Kutztown University program requires that a parent/guardian sign below to agree that in case of an accident or injury while attending a Berkshire BB & SB, Body Zone and/or Kutztown University program, they release the Berkshire Baseball & Softball Club, Body Zone, Kutztown University, the ownership, and instructors from any and all liability. Each child/player is required to carry personal medical coverage.

Signed: _____ Print: _____ Date: _____

PAYMENT METHOD: CHECK ENCLOSED VISA MASTERCARD DISCOVER

CARD NUMBER: _____ - _____ - _____ EXP. DATE: ____/____ SIGNATURE: _____

RETURN COMPLETED FORM WITH CREDIT CARD INFORMATION OR CHECK MADE PAYABLE TO:
BERKSHIRE BASEBALL & SOFTBALL CLUB
P.O. BOX 170, WOMELSDORF, PA 19567 or CALL (610) 927-4306