



Get ready for the 2010 FALL Season in
Style with Power Pitching & Hitting

Power Pitching & Hitting (732) 586-1309 www.pphbaseball.com

Pitching & Hitting Clinics AGES 7-12!

3 Different Sessions! Broken down by age!

AT THESE PRICES YOU CAN TRAIN
ALL FALL INTO WINTER AT A REALLY
AFFORDABLE PRICE!
AND GET GREAT INSTRUCTION!
OVER 20,000 hours of instructional
experience in 8 years!

HITTING CLINIC INCLUDES:

Building a fundamental swing, Hitting for maximum contact and power, build hand-eye coordination, Bunting, Learning the Strike Zone, Timing, Approach and simple things that can help all levels!

Pitching Clinic Includes Work on:

Building Good Balance, A Good Fundamental Delivery, Different Pitches, Arm Care, Basic Approach, Drills to Take Home, System of Checks and Balances in the Delivery. Control, and Location.

Special Pricing for players living in

East Brunswick, South Brunswick,
Franklin, South River, North Brunswick,
Milltown, and Sayreville!

Reg. Pricing - 4 sessions for \$120
Special DEAL - 4 sessions for \$80

When you sign up for a pitching class it's
a pitching class for 4 consecutive weeks.
Same thing goes for the hitting classes.

CLINICS!

Monday, Tuesdays, or
Wednesdays

At our New Brunswick Location
YOU SIGN UP FOR THE DAY AND
TIMESLOT!

Clinics are 4 (1 Hour) weekly
sessions!

Sessions

Session 1 (Week of Jan 4th)
Session 2 (Week of Feb 1st)
Session 3 (Week of March 1st)

Times for Monday, Tuesday, or
Wednesday Sessions 1, 2 or 3 are as
follows:

5pm - Pitching
6pm - Hitting
7pm - Pitching
8pm - Hitting

This is great for those who want to
attend multiple sessions! If you want
both skills done then you CAN do
them back to back. You can choose
your time slots and your days in
advance!

Clinics will run 4 consecutive weeks!
So if you sign up for Monday at 6, you
get 4 weeks at that time slot!

Please send check or money order, payable to POWER PITCHING & HITTING for amount of camp/
camps selected, with completed enrollment form, to us at: P.O. BOX 241 Plainsboro, NJ 08536

Player's First Name	_____	Last Name	_____
Street Address	_____	City, State, Zip	_____
Player's Age	_____	Phone	()
Mother's Name	_____	Father's Name	_____
Emergency Contact	_____	Relationship	_____
Emergency Phone	_____	Email Address	_____

Does the player have any medical condition that would preclude/restrict participation in the clinic? YES NO *If YES, please explain.*

Primary Position: (Please Circle One) P C IF OF

Please Specify which week you are attending. (Circle one)
(Monday - (5pm, 6pm, 7pm 8pm) (Tues 5pm, 6pm, 7pm 8pm)
(Wed - (5pm 6pm 7pm 8pm)

SESSION 1 2 3

Waiver: I the undersigned, as a parent or guardian of the named applicant for entry into the clinic activities offered at Power Pitching & Hitting, 411 Joyce Kilmer Ave Suite 4. I do hereby give permission and approval for the applicant's participation in Instructional Classes offered by Power Pitching & Hitting Professional Baseball Instruction, Inc. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release and absolve the organizers, sponsors, directors, managers, coaches, instructors, and participants from any claim arising out of injury to the applicant, my son/ daughter/ ward.

Medical: I give my consent for any emergency medical/ surgical treatment to be given to my child. This treatment pertains to life threatening situations or any other medical emergencies such as fracture or suturing. I give my consent for the emergency to treat my child. This does not apply to elective surgery.

Signature of Parent

Date

