



# SUMMER PREMIER BASEBALL CAMPS IN SOUTH BRUNSWICK!

Power Pitching & Hitting (732) 586-1309 [www.pphbaseball.com](http://www.pphbaseball.com)

**CHOICE OF FULL DAY (9am - 3pm) OR HALF DAY(9am - 12pm)!  
 VERY AFFORDABLE AND LEARN FROM PROFESSIONALS  
 ADVANCED INSTRUCTION AND TONS OF FUN  
 BACK FOR A 3rd YEAR!**

- Camps Include Instruction in:**  
**Pitching • Hitting • Fielding • Catching •**  
**Bunting • Base running**  
**• Proper conditioning • Arm Care**  
**• Live Games Everyday**

## **SUMMER CAMP** (4 Day Camp/T-Shirt/Awards)

**ONLY \$175**

### **SUMMER CAMP DISCOUNTS**

**Sibling Discount - \$125 for second child**

**½ Day Summer Camp Only - \$125 (9-12pm)**

**PRIVATE LESSON CLIENTS SAVE \$25 (summer Full day)**

**\*discounts cannot be combined**

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

## **Dates and Location** **SUMMER PREMIER** **BASEBALL CAMP AT SBAA**

**Times: 9am to 3pm**

**Dates: June 25<sup>th</sup> – June 28<sup>th</sup>**  
**(29<sup>th</sup> is a rain date)**

**Location: Rowland Park**

**LOG ONTO OUR SITE TO FOR ONLINE REGISTRATION!**

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    T SHIRT SIZE    YM    YL    S    M    L  
 What position do you want to learn most about during the camp?

Please Specify which week you are attending. (Circle one)  
 FULL DAY SBAA JUNE 25    HALF DAY SBAA JUNE 25    ONLINE REG at [www.pphbaseball.com](http://www.pphbaseball.com)

*Waiver: I the undersigned, as a parent or guardian of the named applicant for entry into the clinic activities offered at SBAA and Rowland Park Facilities & Adjacent Fields 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 \_\_\_\_\_

