



Get ready for the 2009 Baseball Season
in Style with Power Pitching & Hitting

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

Pitching & Hitting Clinics AGES 8-12!

2 Different Sessions!

All EBBL and Milltown Baseball Save!

Regular 4 Weeks for only \$150!

EBBL/Milltown BB - 4 Weeks for only \$99!!!

CLASSES FILL UP QUICK SO DON'T
WAIT AROUND AND MISS YOUR
CHANCE ON GETTING A LEG UP ON
THE COMPETITION WITH CENTRAL
NJ #1 GROWING BASEBALL
ACADEMY!

POWER PITCHING CLINICS!

Wednesday Evenings

At our New Brunswick Location
Clinics are 4 week sessions!

Session 1 (Jan 21 - Feb 11)

Session 2 (Feb 18 - Mar 11)

Times:

8 year old (5pm - 6pm)

9/10 year old (6pm - 7pm)

11/12 year old (7pm - 8pm)

Class Size Limited to 10

POWER HITTING CLINICS!

Monday and Tuesdays

At our New Brunswick Location
Clinics are 4 week sessions!

Monday Sessions 1 and 2

Session 1 (Jan 19 - Feb 9)

Session 2 (Feb 16 - Mar 8)

Tuesday Sessions 1 and 2

Session 1 (Jan 20 - Feb 10)

Session 2 (Feb 17 - Mar 10)

Times for both Monday and Tuesday

Sessions 1 and 2 are as follows:

8 year old (5pm - 6pm)

9/10 year old (6pm - 7pm)

11/12 year old (7pm - 8pm)

Class Size limited to 10

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.

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!



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 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)

Pitching (5pm Class) (6pm Class) (7pm Class)

Hitting (Monday - (5pm, 6pm, 7pm) (Tues 5pm, 6pm, 7pm)

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