

Christmas Vacation Baseball Blast

It's snowing baseballs this Holiday season @ Baseball City!

December 27 - 30, 2011 Tues – Fri

AGES 6—13

9:00am—12:00pm @ Baseball City

COST: \$80.00 member \$100.00 non-member

(Cost can be pro-rated if unable to attend all 4 days)

*Clinic Will Be Run By Former College Players
Bill “Fridge” Perry,
Dan Rosa and Ish Bolorin*



OVERVIEW: This clinic is designed to address all facets of the game of baseball. It will be structured in a station format and players will be broken into groups according to age and skill level.

CLINIC FORMAT:

- 9:00—9:10: Intro / Announcements / Group Assignments
- 9:10—9:20: Stretching
- 9:20—9:30: Base Running
- 9:30—9:40: Agility Circuit / Set Up Stations
- 9:40—10:00: Station Rotations
- 10:00—10:20: Station Rotations
- 10:20—10:40: Station Rotations
- 10:40—11:00: Station Rotations
- 11:00-11:10: Water Break / Set Up Wiffleball Games
- 11:10—11:50: Wiffleball Games Begin
- 11:50—12:00: Closing / Recap / Parent Pick-up

*Bring glove, bat, sneakers, drink and snack.
Vending machines on site.*

ALSO SCHEDULED TO INSTRUCT:

- BILL MASSE (SEATTLE MARINERS)
- KYLE VAZQUEZ (SAN FRANCISCO GIANTS)
- JOE SERFASS (NY METS)
- JOHN SKINNER (FLORIDA MARLINS)
- MIKE NEMETH (MILWAUKEE BREWERS)
- KEVIN RIVAL (NY YANKEES)

STATIONS WILL BE:

- **Shea Stadium:** **Fielding:** Infield / Outfield
- **Yankee Stadium:** **Pitching:** Mechanics / Balance
- **Short Cages:** **Hitting:** Bunting / Tee / Soft Toss
- **Fenway Park:** **Hitting:** Live off Machines



[REGISTER ONLINE!](#)

PLAYER'S NAME _____ BIRTH DATE ____/____/____ PARENT'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ AGE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

MEMBER ____ NON-MEMBER ____ AMOUNT ENCLOSED \$ _____

CHRISTMAS VACATION BASEBALL BLAST

VISA/MASTER CARD #: _____ EXP. DATE: ____/____ CHECK #: _____ CASH: _____

I/we hereby authorize Baseball City, LLC. to act in my/our behalf in obtaining appropriate emergency medical treatment for my son/daughter if I/we am/are unavailable to do so myself. In addition my son/daughter realizes sports are competitive and that injuries are part of the game. I/we assume all risks and hazards associated with this participation. I/we do hereby waive, release, absolve and agree to hold harmless Baseball City owners, staff and instructors for any claim arising out of injury to my son/daughter.

Parent Signature

Date