



Baseball City Training Center
216 Murphy Road Hartford, CT
www.baseballcityct.com
(860) 527-2489

WINTER FIELDING CLINIC

The Winter Fielding Clinic will cover all fundamentals of fielding over a 4 week period. Each position player's skills will be broken down and corrected for each individual need. We believe that fielding and team defense is as important in the game of baseball as hitting, and should be taught and practiced just as much. The staff at Baseball City is trained to bring out the best in each individual through a variety of fielding drills, lectures, and demonstrations while following a professional curriculum that will have every fielder on the correct path to success!!

Every player should bring their own glove to each session. Cleats are unnecessary and will not be allowed in the facility. Turf shoes or sneakers and proper clothing should be worn.

Baseball City is the only place you'll need to go to satisfy all your baseball needs. We have year-round hitting, pitching and fielding in a professional facility, year-round professional instruction formulated by Bill Masse and his Professional curriculum and a fully stocked pro-shop for all your equipment needs. See why everyone is saying that Baseball City takes baseball training to higher level!!

CLINIC 3 (4 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Tuesdays	Feb 2 nd , 9 th , 23 rd , Mar 2 nd	6:00-7:15pm	6-13	\$100	\$120

no session during February Vacation

CLINIC 4 (4 SESSIONS)

Tuesdays	Mar 9 th , 16 th , 23 rd , 30 th	6:00-7:15pm	6-13	\$100	\$120
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PLAYERS WILL BE GROUPED ACCORDING TO THEIR AGE.

NO REFUNDS – WE ONLY TAKE A MAXIMUM NUMBER OF KIDS, THEREFORE, THERE ARE KIDS WHO ARE TURNED AWAY. ONCE YOU RESERVE YOUR SPOT IN THE CLINIC, THERE WILL BE NO REFUNDS GIVEN.

Please cut and mail registration to address below

CHILD'S NAME _____ Birth Date ____/____/____ PARENT'S NAME _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____ AGE _____

HOME PHONE () _____ CELL PHONE () _____ EMAIL _____

MEMBER _____ NON-MEMBER _____ \$ _____ AMOUNT ENCLOSED **WINTER FIELDING CLINIC 3 or 4** (circle)

MASTER CARD/VISA #: _____ 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 _____

Child Signature _____

Date _____

CHECKS PAYABLE TO BASEBALL CITY

216 MURPHY ROAD, HARTFORD, CT 06114

www.baseballcityct.com

860/527-CITY