



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

# WINTER PITCHING CLINIC

The Winter Pitching Clinic will cover all fundamentals of pitching over a 4 week period. Each pitcher's delivery will be broken down and corrected for each individual need. We believe that every pitcher has unique, individual athletic movements that must be groomed to cater to that pitcher's own delivery. The staff at Baseball City is trained to bring out the best in each individual through pitching drills, lectures, demonstrations and following a professional curriculum that will have every pitcher on the correct path to success!!

Baseball City has bats and helmets to use, but it is recommended to bring your own baseball equipment: fielding gloves, batting gloves, turf shoes (no cleats) and proper clothing.

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 a higher level!!

## CLINIC 3 (4 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Wednesdays	Feb 1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 29 <sup>th</sup>	6:00-7:15pm	6-13	\$100	\$120

\*\*no session during February Vacation\*\*

## CLINIC 4 (4 SESSIONS)

Wednesdays	Mar 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup>	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.

[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 \$ \_\_\_\_\_

**WINTER PITCHING CLINIC** **3** or **4** (circle one)

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