



Baseball City Training Center
202 Murphy Road Hartford, CT
www.baseballcityct.com
(860) 527-2489
TEAM USA CATCHING (SOFTBALL)

TEAM USA CATCHING IMPORTANT FACTS

The Team USA Catching Clinic is geared toward the player who wants to take his game to another level over an 8 session, 4 week period (2 sessions per week). Each catcher's skills and mental approach will be broken down, analyzed and corrected. This clinic will feature video analysis by Major League Baseball's Right-View Pro, an advanced mental approach from instructors who have played at the highest levels, a breakdown of game situations and guest instructors who have played or coached at the Division I level. Don't miss this opportunity to learn from the best!!!

Baseball City has bats and helmets to use, but it is recommended to bring your own softball 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 softball 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 softball training to a whole other level!!!!

SESSION 1 (8 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Thursdays	January 3, 10, 17, 24	6:00-7:15pm	13-18	\$250	\$300
Sundays	January 6, 13, 20, 27	12:00-1:15pm			

SESSION 2 (8 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Thursdays	January 31 February 7, 14, 21	6:00-7:15pm	13-18	\$250	\$300
Sundays	February 3, 10, 17, 24	12:00-1:15pm			

Please cut and mail registration to address below

CHILD'S NAME _____ Birth Date ____/____/____ PARENTS NAME _____
 ADDRESS _____ CITY _____ STATE ____ ZIP _____ AGE _____
 HOME PHONE () _____ CELL PHONE () _____ EMAIL _____
 MEMBER ____ NON-MEMBER ____ \$ _____ AMOUNT ENCLOSED _____ T-SHIRT SIZE S M L XL XXL
 Payment: CREDIT 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 _____ Child Signature _____ Date _____
CHECKS PAYABLE TO BASEBALL CITY - 216 MURPHY ROAD, HARTFORD, CT 06114 WWW.BASEBALLCITYCT.COM 860/527-CITY