



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

**TEAM USA PITCHING (SOFTBALL)**

**TEAM USA PITCHING IMPORTANT FACTS**

The Team USA Pitching Clinic is geared toward the player who wants to take her game to another level over an 8 session, 4 week period (2 sessions per week). Each pitcher's delivery 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](http://WWW.BASEBALLCITYCT.COM) 860/527-CITY