



Boxborough, MA

# AUGUST 23-26th BASEBALL CLINICS

## Little League & Babe Ruth Levels

**Small group clinics for ages 8-15 providing personal instruction and video analysis!**

Semi-private skills clinics with coach Steve Donovan for Little League and Babe Ruth levels. Each clinic consists of four 1-hour sessions including group and personal instruction, drills and video analysis. Register for 2 or more clinics and receive a 10% discount!

*Please check selections in first column*

<input checked="" type="checkbox"/>	August 23-26th Baseball Clinics		# Players	Fee	Instructor
<input type="checkbox"/>	9-10am	Little League Pitching, ages 8-12	6	\$95	Steve Donovan
<input type="checkbox"/>	10-11am	Little League Hitting, ages 8-12	6	\$95	Steve Donovan
<input type="checkbox"/>	11-noon	Little League Defense, ages 8-12	6	\$95	Steve Donovan
<input type="checkbox"/>	12:30-1:30	Babe Ruth Pitching, ages 12-15	4	\$95	Steve Donovan
<input type="checkbox"/>	1:30-2:30	Babe Ruth Hitting, ages 12-15	4	\$95	Steve Donovan
<input type="checkbox"/>	2:30-3:30	Little League Pitching, ages 8-12	6	\$95	Steve Donovan
<input type="checkbox"/>	3:30-4:30	Little League Hitting, ages 8-12	6	\$95	Steve Donovan

**Please check clinics selections above.  
Register by phone (978-266-1766) or by mailing form and payment to AtBats.**

Player's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone#: \_\_\_\_\_ E-mail address for notifications: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

I hereby certify that my child is in good health and has my permission to participate in this program. I also give my permission for my child to receive any diagnostic, therapeutic and/or operative procedures as deemed necessary if emergency treatment is required and I cannot be reached. I realize that this sport involves the potential for injury, and I acknowledge that even with the use of protective equipment and observance of the rules, injuries may still occur. I hold harmless, AtBats Training Center, including any individual, group, organization or corporation that directly or indirectly organized, sponsored, contributed, licensed or volunteered their efforts to this event, from all liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the student arising out of participation in this training program.

Parent or guardian signature required: \_\_\_\_\_ Date: \_\_\_\_\_