



Boxborough, MA



FEBRUARY VACATION SOFTBALL CAMPS & CLINICS

With Harvard University Softball Coaches

Softball All-Skills Camp, ages 8-12

February 21-22-23, 9-11am, Harvard University Softball

Harvard coach Brandi Gordon's softball camp offers players the opportunity to work on their softball skills and have fun during winter break! Hitting, throwing, fielding and positional play.

Softball All-skills Camp for ages 8-12; \$95

Rookies Camp, ages 5-7

February 21-22-23, 3:30-4:30; \$50

Skills camp for softball & baseball players ages 5-7 with coaches Brandon Anderson and Kristie Kyzer! Introduces players to the proper techniques of throwing, catching, fielding and hitting.

Rookies Camp for ages 5-7; \$50
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Softball Pitching Fundamentals

February 21-22-23, 11-noon, Harvard U Softball

With Harvard University head coach Jenny Allard. For new and experienced pitchers ages 9-12. Please note: pitchers require someone to catch for them. A parent or friend is fine!

Softball Pitching Fundamentals Clinic; \$115

Advanced Softball Hitting

February 21-22-23, 11-noon, Harvard U Softball

For experienced players ages 11-15. Limited to 6 players. Harvard University assistant coach Brandi Gordon's advanced hitting clinic covers proper mechanics of power hitting and bunting through drills and live BP. Personalized instruction.

Advanced Softball Hitting Clinic; \$95

Advanced Softball Pitching

February 21-22-23, 10-11am, Harvard U Softball

For experienced pitchers ages 13-18. Limited to 4 pitchers. Harvard University head coach Jenny Allard's advanced pitching clinic is focused on increasing speed and improving pitch spin. Covers fastball, change-up and other pitches depending on ability. **Note: pitchers must bring someone to catch.**

Advanced Softball Pitching Clinic; \$125



Please indicate selections with a check mark in the box next to selected clinic schedule.

Register by phone (978-266-1766), fax (978-266-1764), 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: _____ 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. I give AtBats permission to video my child's participation in this training program for instructional and promotional use.

Parent or guardian signature required: _____ Date: _____