



# FEBRUARY VACATION Baseball Camp and Clinics

## Baseball Camp, ages 8-12

February 17-18-19, 9-noon; \$135

Coach Steve Donovan's baseball camp offers players the opportunity to work on their baseball skills and have fun during winter break! The camp provides instruction in hitting, throwing, fielding and positional play. New and experienced Little League players welcome!

	<b>Baseball Camp for ages 8-12; \$135</b>
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## Baseball Clinics; February 17-18-19

### Baseball Head Start Clinic, ages 5-7

This program introduces children to the fun of baseball and the basic techniques of throwing, catching, fielding and hitting.

### Baseball Hitting Clinics, ages 8-15

#### Little League and Babe Ruth Levels

Players will use numerous drills to develop good hitting mechanics for the set-up, stride, pivot, approach with the hands and path of the bat. Sessions include personalized instruction and live batting practice.

### Little League Pitching Clinic, ages 8-12

Covers proper mechanics of pitching from the wind-up position and techniques to improve form, balance and control.

### Little League Defense Clinic, ages 8-12

Covers the proper techniques of throwing, catching & fielding.

**February vacation softball camp and softball pitching & hitting clinics also available!**

## Coaches

Steve Donovan, Westford Academy JV coach  
Jeff Kane, Assistant Coach Holy Cross College

<input checked="" type="checkbox"/>	3-Day Clinics: Feb 17-18-19		Ages	# Players	Price	Instructor
<input type="checkbox"/>	9-10am	Little League Hitting	8-12	6	\$75	Jeff Kane
<input type="checkbox"/>	10-11am	Babe Ruth Hitting	12-14	6	\$75	Jeff Kane
<input type="checkbox"/>	12:30-1:30	Little League Pitching	8-12	6	\$75	Steve Donovan
<input type="checkbox"/>	1:30-2:30	Little League Hitting	8-12	6	\$75	Steve Donovan
<input type="checkbox"/>	2:30-3:30	Little League Defense	8-12	6	\$75	Steve Donovan
<input type="checkbox"/>	3:30-4:30	Baseball Head Start	5-7	8	\$60	Steve Donovan



Please indicate selections by placing a check mark in the box next to selected program.

**Combine 2 or more clinics for a 10% discount!**

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: \_\_\_\_\_ 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: \_\_\_\_\_