



SOFTBALL CLINICS

**With Harvard University
Assistant Coach Brandi Gordon**

Mondays, March 1st and 8th

Softball All-Skills, ages 9-12

March 1 & 8; 4:15-5:30pm. \$65

Coach Gordon's softball all-skills clinic provides instruction in hitting, throwing and fielding. For new and experienced youth softball players.

<input type="checkbox"/>	Mondays 4:15-5:30, March 1 & 8. \$65
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Softball Slap-Hitting, ages 13-18

March 1 & 8; 6:30-7:30pm. \$80

Semi-private clinic for 4 players. For new & experienced slap-hitters. Coach Gordon's slap-hitting clinic covers the proper mechanics and techniques of slap-hitting through demonstration, drills and live batting practice.

<input type="checkbox"/>	Mondays 6:30-7:30, March 1 & 8. \$80
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Advanced Hitting, ages 13-18

March 1 & 8; 5:30-6:30pm. \$80

Semi-private clinic for 4 players. Coach Gordon's advanced hitting clinic covers the proper mechanics of power hitting and bunting through drills and live batting practice. Personalized instruction.

<input type="checkbox"/>	Mondays 5:30-6:30, March 1 & 8. \$80
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Brandi Gordon is assistant softball coach for Harvard University, responsible for coaching hitting, slap-hitting, outfield defense and catching. Prior to coaching at Harvard, Brandi was an assistant coach at Seattle University and helped the University of Washington reach the College World Series in 2007. Brandi played for the University of the Pacific where she was a second-team All-Big West selection and 2005 third-team ESPN Academic All-America pick.



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

Register by phone (978-266-1766) or by mailing registration form and check to AtBats.

Player's Name: _____ Date of birth: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ E-mail address for notifications: _____

Parents or guardian information:

Name: _____ Work Phone: _____ Cell phone: _____

Name: _____ Work Phone: _____ Cell phone: _____

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: _____