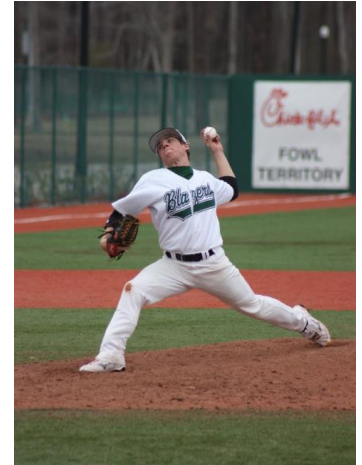


Blazers' Pitching Clinic

Grades 3-8



Clinic Objectives:

The clinic is designed to teach the basic fundamentals of pitching according to age and ability. Emphasis is placed on the proper mechanics involved in pitching with the hope of providing to each participant a sound foundation from which they can continue to develop their skills.

Clinic Instructors:

The clinic will be staffed by members of the coaching staff of the John Wood Community College Baseball Team, former outstanding players and current JWCC players. Instructor to student ratio will average 3:1.

Clinic Date & Time:

Sunday afternoons. January 14th – February 11th

One hour sessions. Time of session is determined by age group.

Participants will be informed of their time slot (via e-mail) the Wednesday prior to the first session.

Clinic Fees:

\$ 115.00

(Discounts available, see registration form.)

Clinic Location:



The Clinic will take place at the 34,000 square foot Student Activity Center. The Center is located at the John Wood main campus at 1301 South 48th Street in Quincy, IL.

What To Bring:

Each participant in the Pitching Clinic should bring their glove and a catcher. **Each participant in the Pitching Clinic is required to provide their own catcher.** If under the age of 18, the catcher is required to wear a mask. For those families who cannot provide a catcher on a weekly basis, one can be provided for an additional charge.

Contact the baseball office for details: 217/641-4306.

PITCHING CLINIC REGISTRATION:

Name: _____ Grade: _____
Street: _____ City: _____
State: _____ Zip: _____ Phone: (_____) _____
Email Address: _____
Parent's Names: _____ Emergency Contact: (_____) _____

CLINIC FEE: \$115

Discounts

_____ Subtract \$10 for 2nd family participant.

Please circle shirt size: YS YM YL YXL S M L XL 2XL

CLINIC RELEASE AGREEMENT:

I hereby authorize the JWCC Blazer Baseball Clinic staff to act accordingly to their best judgment in any medical emergency and I hereby waive and release the said camp, its directors, and John Wood Community College from any and all liability and injuries or illness incurred to my child while attending camp. The cost for treatment of injuries or hospitalization for illness or injuries incurred during the clinic will be the sole responsibility of the parent or guardian of the participant. Any insurance carried by the parent or guardian may be used to defray such medical hospital costs.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please note any medical conditions that we should be aware of: _____

Make checks payable and return to:

**JWCC Baseball Clinic
C/o Business Office
John Wood Community College
1301 South 48th Street
Quincy, IL 62305**

For more information, please call:

217/641-4306

Note: Occasionally, weather will force postponement of the clinic. Notification will be made via e-mail, posting on the JWCC Athletic webpage and on the office voice mail at the number listed above.