

# 2009-10 SAINT JOSEPH'S UNIVERSITY WINTER HIGH SCHOOL BASEBALL CLINICS

Saint Joseph's University is pleased to announce the dates for its 2009-10 Winter Baseball Clinics.

This season, the Saint Joseph's baseball staff will host comprehensive, instruction-intensive clinics in hitting, pitching, catching, and infield designed for players in grades 9-12.

All clinics will be capped at 24 participants except for the pitching clinics, which will be capped at 16.

Please make checks payable to **Saint Joseph's University** and remit payment, along with the registration form below, to:

Baseball Office  
Saint Joseph's University  
5600 City Avenue  
Philadelphia, PA 19131

For more information contact Assistant Coach Jacob Gill at 610-660-2592 or via e-mail at [jgill@sju.edu](mailto:jgill@sju.edu).

## Sunday, November 22

**Infield Clinic:** 9:00 a.m.-12:00 p.m.

**Hitting Clinic:** 1:00-4:00 p.m.

\$70 per clinic/\$130 for both

## Sunday, December 20

**Catching Clinic:** 9:00 a.m.-12:00 p.m.

**Hitting Clinic:** 1:00-4:00 p.m.

\$70 per clinic/\$130 for both

## Saturday, January 23

**Pitching Clinic:** 1:00-4:00 p.m.

\$70 per clinic

## Sunday, January 24

**Pitching Clinic:** 1:00-4:00 p.m.

\$70 per clinic

FOR CAMP/CLINIC DATES AND TIMES VISIT [WWW.SJUHAWKS.COM](http://WWW.SJUHAWKS.COM)

## REGISTRATION FORM

**Please Note:** For all camps, we do NOT provide health & accident insurance. Campers must rely on their guardian's medical services. Insurance information must be included on the application. Minor sports injuries are treated by staff members. Saint Joseph's University waives all responsibilities for treatment of camp-related injuries.

Amount Enclosed:

Please check the appropriate box(es) for the clinic(s) you are registering for:

- |  |   |
|--|---|
| <input type="checkbox"/> 11/22 – Infield Clinic  | <input type="checkbox"/> 11/22 – Hitting Clinic |
| <input type="checkbox"/> 12/20 – Catching Clinic | <input type="checkbox"/> 12/20 – Hitting Clinic |
| <input type="checkbox"/> 1/23 – Pitching Clinic  | <input type="checkbox"/> 1/24 – Pitching Clinic |

Camper's Name \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_  
 Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 School \_\_\_\_\_ Graduation Year \_\_\_\_\_ Age \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize the staff of the Saint Joseph's University baseball clinic/camp to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named campers participation in the camp program, as outlined in this brochure.

Parent or Guardian Signature \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Agreement# \_\_\_\_\_

Group \_\_\_\_\_