

**SOUTHINGTON NORTHERN LITTLE LEAGUE & BASEBALL CITY PRESENT:
WINTER BASEBALL CLINICS
February 21, March 7, 14, 28. 2010**

Staff: Baseball City Instructors

SNB 10-4	Feb, 21 - 2:00pm to 3:20pm Ages 7-9	3:25pm-5:00pm Ages 10-12	Hitting
SNB 10-4	March, 7 - 1:30pm to 2:45pm Ages 7-9	2:50pm to 4:30pm Ages 10-12	General Skills
SNB 10-4	March, 14- 1:30pm to 2:45pm Ages 7-9	2:50pm to 4:30pm Ages 10-12	Hitting
SNB 10-4	March, 28 - 1:30pm to 2:45pm Ages 7-9	2:50pm to 4:30pm Ages 10-12	General Skills

Schedule:

Cost- Ages 7-9- **\$50.00** * Age as of April 30, 2010
Ages 10-12- **\$60.00**

Where: Baseball City, 216 Murphy Road, Hartford, CT 06114, 860/527-CITY

Emphasis: Hitting & General Skills Clinics (Pitching, Throwing mechanics, Fielding Infield Play, Outfield Play, Catching, Base running, Sliding, & more)

Southington Northern Baseball reserves the right to cancel any clinic due to lack of participation. Every effort will be made to reschedule any session which was cancelled due to inclement weather.

**Make checks payable to: Southington Northern Baseball, Inc.
P.O. Box 125
Southington, CT 06489**

Please visit our website at www.southingtonnorthbaseball.org for more information on Southington Northern Baseball.

REGISTRATION FORM - Detach here and mail to address above

Player's Name _____ DOB ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Clinic # _____ Parents Name _____

I/We the parents of _____ give my/our approval to participate in the Southington Northern Baseball Winter Clinic. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Southington Northern Baseball, organizers, trainers, coaches, sponsors or adult supervisors for any claim arising out of injury to my/our child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signature _____ Date ____ / ____ / ____ Signature _____ Date ____ / ____ / ____