BASEBALL TRAINING

OPEN TO EVERYONE Ages 9 - 18

ALL sessions are held at Yankee Road Sports

Please circle which training sessions you would like to attend

*PITCHING & CATCHING SESSIONS*

Our staff will work with the kids on both an individual and small group basis. Our proven program also helps the player with endurance and to maximize arm strength.

Catchers will work on a lot of blocking and throwing drills.

Pitchers will work on mechanic drills and will also get to learn new pitches.

**WHEN**: Sundays starting November 8th – December 20th

**TIME:**  4:00 - 5:00p

**COST**: ***7 Session Package* $120**  **or** $20 per session

*HITTING & FIELDING* “DRILL 4 SKILL”

Our **program** is built around sessions of *teaching, training, challenging and motivating* each player to become better at baseball. This is a comprehensive one hour **“*DRILL 4 SKILL*”** session that is designed to challenge players of all ages and ability levels.

Our **mission** is to help prepare every player for their next level of competition!!

**WHEN**: Sundays starting November 8th – December 20th

**TIME:**  5:00 - 6:00pm

**COST**: ***7*** ***Session Package* $120 or** $20 per session

**Space is limited and registration deadline is Sunday November 1st**

**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Position: \_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_**

**Zip: \_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I HEREBY** certify my child enrolled is in excellent health and may participate in strenuous physical activities, including Baseball. I agree to hold **OHIO TROJANS BASEBALL PROGRAM,** its servants, agents and/or employees and contractors harmless from any and all claims of injuries sustained by my child during his or her participation in the Clinic/Program. Permission is hereby granted to **OHIO TROJANS BASEBALL PROGRAM** for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child’s participation except as stated in writing and included with this application.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**Printed name of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE MAKE CHECKS PAYABLE TO:

OHIO TROJANS BASEBALL PO Box 140124 Toledo, OH 43614

Questions?? Contact Tim Best at (419) 460-1924 ohiotrojansbaseball@yahoo.com

\*For weather cancellations and updates go to ohiotrojans.blogspot.com\*