



2009 Winter Baseball Clinic

Baseball Players,

This winter All-Sports Baseball Academy will be offering a 6 week Baseball Clinic. The clinic will be held on Sunday evenings and is designed to cover all aspects of the game. It will focus on the fundamentals of hitting, bunting, throwing and fielding. Mike Curto will be the instructor for the clinic.

Coach Curto has been coaching and instructing baseball at all levels from Little League to High School for over 16 years. He is currently the president of the American Legion Baseball League for Warren, Hunterdon, and Somerset County and is the head coach of the Warren Hills American Legion Baseball Team. Mike has also been the All-Sports Baseball Academy's Hitting Instructor since 2003 and is Rutgers and CPR Certified.

LOCATION: All-Sports Stadium, 297 Rt. 31 South, Washington, NJ 07882

COST: \$250 (\$25 non-refundable deposit is due by Friday February 12th / balance must be paid before first session)
(Please make all checks payable to: All-Sports Stadium)

CLASS SIZE LIMIT: Classes will be limited to a maximum of 12 players on a first come first serve basis.

WHAT TO BRING: Bats, gloves, sneakers and dressed appropriate for a baseball workout.

QUESTIONS: Please contact All-Sports Stadium at 908-689-0411 with any questions.

TIME: 4:30pm – 6:00pm (for ages 10 and under) / 6:00pm – 7:30pm (for ages 11 and up)

DATES: Sunday, February 15th Sunday, March 8th
Sunday, February 22nd Sunday, March 15th
Sunday, March 1st Sunday, March 22nd

2009 All-Sports Baseball Academy Baseball Clinic

Registration Form

Players Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Age: _____ Grade: _____

T-Shirt Size: (circle one) Youth (M L) Adult (S M L XL)

Participant Waiver/Release/Assumption of Risk/Agreement

Release Statement:

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of All-Sports Stadium. I hereby release, discharge, and/or otherwise indemnify All-Sports Stadium and its instructors, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health accident insurance secured independently. As parent/ guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

Parent/Guardian Signature: _____ Date: _____