



BASEBALL

BASEBALL PROSPECT CLINIC

SUNDAY, NOVEMBER 10TH, 2019

PROGRAM SUMMARY:

This is a one-day baseball clinic that will be broken down into two sessions.

Session I is for all Infielders and Outfielders. During session I, prospects will go through various drills both offensively and defensively. They will also showcase their skills in front of the Kutztown University baseball staff, Kutztown University players, and other colleges in attendance.

Session II will include both Pitchers and Catchers. During Session II Pitchers and Catchers will go through various drills before showcasing their skills in a short bullpen. Catchers will also have the chance to throw to the bases and hit in the cages.

WHAT: KU Baseball Prospect Clinic

AGES: Grades 9-12

WHEN: Sunday, November 10, 2019

WHERE: O'Pake Field House at Kutztown University

TIMES:

Session I: 9:00AM - 12:00PM (Registration 8:15AM)

Session II: 12:30PM – 3:30PM (Registration 11:45AM)

WHAT TO BRING: Glove, bat, catcher's gear, turf or tennis shoes, baseball pants, and hat.

CONTACT: If you have any questions feel free to contact Coach Folmar at efolmar@kutztown.edu

COST: \$100 One Session (Limited to first 50 players)

\$175 for Both Sessions
(Limited to the first 50 players)

Online Registration:
www.kutztownusportscamps.com

Mail in Registration:

Checks made payable to:
Kutztown University Baseball

Registration/Payment Mailed to:

Kutztown University
Baseball Clinic
203 Keystone Hall
Kutztown, Pa 19530

Registration Cut Off: 11/07/2019

PRIOR COACHES ATTENDING IN ADDITION TO KU BASEBALL STAFF:

York College	Widener College	PSU Berks	Mercer Community College
Elizabethtown College	Alvernia College	Albright College	Harford Community College
Wilson College	PSU York	Northampton Community College	
Lebanon Valley College	PSU Harrisburg		

REGISTRATION FORM

BASEBALL CLINIC – NOVEMBER 10, 2019

NAME: _____

HIGH SCHOOL: _____

HIGH SCHOOL GRADUATION YEAR: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

E-MAIL: _____

PHONE: _____

SESSIONS ATTENDING:

POSITION SESSION I: Infielder Outfielder

POSITION SESSION II: Pitcher Catcher

BOTH SESSIONS: _____

(Circle one position, if attending both sessions please circle one from each session and put a check mark where it says both sessions)

WAVIER FORM

I understand that I am financially responsible for any medical bills incurred by me during my participation in the Kutztown ID Clinic. In case of emergency, I grant permission for emergency treatment to be given to me by the appropriate medical personnel. In consideration of the use of premises or facilities owned or operated by Kutztown University and/or in consideration of permitting to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors or assigns. I hereby release and forever discharge Kutztown University, its agents, servants and employees of and from any and all manner of actions, causes of action, suits, damages, claims and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising in the above-listed activity.

Parent/Guardian Signature _____

Emergency Contact Name and Number _____

