

# 2008 High School Prep Baseball Clinic



**The 2008 Baseball Training Clinic will be held at the Hile Recreation Baseball Complex located on Sternberg Road.**

**Ages as of 8/1/08:** 12-17

**Cost:** \$30.00 for the first player, \$20.00 per additional player. Max \$50.00 per family. Coaches and parents please feel free to stay and participate.

**When:** Wednesday August 6<sup>th</sup> and August 7<sup>th</sup>. Make up day Friday August 8<sup>th</sup>, 2008

**Time:** 6:00 P.M. – 8:00 P.M.

**SPECIAL GUEST COACH – MUSKEGON BIG REDS VARSITY COACH - TOM LOPEZ**

**Registrations Accepted until 6:00 PM on 8/6/2008**

## **Clinic Focus:**

### **Day 1**

**Fielding** – Infield, Outfield and Catcher positions

**Throwing** – Proper throwing techniques and power generation.

### **Day 2**

**Base Running** – General base running, Lead offs, Stealing and Sliding

**Hitting** – Making Contact, Generating Power, Bunting

The purpose of this clinic is to teach intermediate and advanced fundamentals of baseball to middle school and high school players in preparation of higher level play. All drills and techniques are designed for middle school and above. The drills and techniques that are taught are in preparation for play at the next level. All of the drills have been successfully executed at this level and beyond.

**Bring:** Glove, Bat, Sliding Shorts, Tennis shoes or Cleats

**For Early Registration please complete and return along with payment to the address below.**

**Bill Vallie  
224 Randall Rd  
Muskegon, MI 49441**

**If you plan on paying the day of registration please contact Bill Vallie to be added to the registration list.**

**If you have any questions please contact Bill Vallie at:**

**Email: [bill@wm-st.com](mailto:bill@wm-st.com)  
Home Phone: 231-798-2226 – Cell 231-730-5065**

**Accepted Methods of Payment: Check, Money Order, Cash**

**Please check out our website @ [www.wm-st.com](http://www.wm-st.com)**

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**Registration Form**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

On condition of this registration for being accepted, I hereby state that my child is in a state of good health and I assume all risks associated with participating in this activity. Having read this wavier, I, for myself, my child and anyone entitled to act on our behalf, waive and release Hile Recreation, Clinic Instructors, and any other agents or participants from all claims of liabilities of any kind out of my child's participation in this activity.

Any health problems? \_\_\_\_\_

Parent's Name \_\_\_\_\_

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