

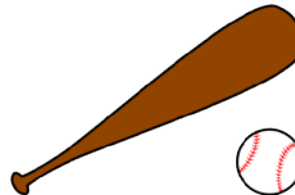
# 9er Baseball Fall Defensive Positions Clinic including Pitching



This clinic is designed to emphasize positioning, skill enhancement and overall strategy.

In addition pitchers will learn the importance of good mechanics and taught to maximize the use of their bodies to throw harder and more accurately.

**Location:** Leonard Park, Little League Fields and Memorial Complex  
**Day/Time:** Sundays, 10:00am – 11:00am  
**Dates:** October 2, 9 16, 30  
November 6, 13, 20  
(No Clinic 10/23)  
**Ages:** 6 – 12 year olds  
**Fee:** \$150.00, make checks payable to 9er Baseball  
**Instructor:** Ted Lawrence and Staff



Grouping will be determined by age and ability.

Participant's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**General Release** the undersigned hereby release the Village/Town of Mt. Kisco its Village Board and Commission employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Mt. Kisco Recreation Commission. I understand the Recreation Commission may use photos taken during events unless I notify them in writing.

Participant's Signature (Parent/Guardian, if under 18) \_\_\_\_\_

*Office use only: Check#: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ RecTrac#: \_\_\_\_\_*

9ER BASEBALL DEFENSIVE POSITIONS CLINIC