



**Connecticut Baseball School Presents:
Fall Prospect School & Instructional Clinic
At The
UNIVERSITY OF CONNECTICUT**



- When:** Sunday, October 25, 2009 (Rain date -Saturday, October 31, 2009)
Workout: 9:00am - 3:00pm (Registration: 8:15am - 8:45am)
- Where:** University of Connecticut, Storrs - Campus / J.O. Christian Field
- What to bring:** Sneakers or turfs, cleats, baseball pants, glove, bat, long sleeve undershirt, appropriate gear , and lunch.
- Who:** Restricted to high school student athletes only
Call 860-436-2521, or email getoffthebench@hotmail.com and confirm enrollment now!
- Objective:** To provide student-athletes quality instruction in areas of pitching, catching, hitting, and infield/outfield play as well and a professional style workout.
- Also Featuring:** NCAA recruiting rules and academic symposium
Baseball-specific strength/conditioning seminar
- Staff:** Connecticut Head Coach Jim Penders, Assisant Coach Justin Blood, Assistant Coach Chris Podeszwa, Assistant Coach Steve Malinowski, and guest speakers.
- Cost:** Pre-Register by September 21, 2009 for \$165.00*
Postmarked subsequent to September 21, 2009 tuition is \$180.00**
Includes a Connecticut Baseball School tee shirt

* cost is non-refundable unless notified in writing prior to September 25, 2009

** cost is non-refundable



CONNECTICUT



2009 Connecticut Baseball School Fall Prospect School Application- Online

(Please Print)

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

High School: _____ Grad. Year _____

Primary Position: _____ T-Shirt Size: _____

B / T _____

Please make check or money order payable to:

**Connecticut Baseball School
P.O. Box 166
Storrs, CT 06268**

Parental Consent Form:

The above-named applicant is in good health and has my permission to participate in this program. In addition, I authorize the Connecticut Baseball School staff to act for me in securing medical treatment for the above named applicant in the event of injury or sickness. This registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending the Connecticut Baseball School, its ownership, and staff from any and all liability. The undersigned also permits any pictures taken of the applicant to be used by the School in future clinic brochures or literature.

Parent/Guardian signature: _____ Date: _____