



BRIAN ROSE BASEBALL SPRING TRAINING CLINIC

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Ben Rose Baseball Field & Wild Pitch Batting Cages

460 South Front St, New Bedford

4 Fun-filled afternoons of Baseball Fundamental Training and games with former Boston Red Sox Pitcher Brian Rose and his highly trained staff of Former Players and Local Coaches.

Each skill session will focus on all baseball skills: batting, throwing/pitching program, infield/outfield fielding practice and visits from special guest speakers throughout the week.

Get Working on those skills just before the season starts with this April Vacation Spring Training Clinic!!!!

April 20th – 23rd

Tuesday thru Friday

12pm – 3pm

\$150 Individual Rate

**Outdoor Clinic with access to
Indoor Batting Cages**

**For
ages
6-14!**

*Space is Limited!!! Registration / Waiver Form to be returned on Back.
For questions or more info, Please visit BrianRoseBaseball.com*

What will we work on during this clinic???

Throwing Program
Catcher Fundamentals
Swing Techniques
T-Work
Confidence

Pitching Mechanics
Infield Grounders
Live Batting Practice
Base Running
Sportsmanship

Pitching Grips
Outfield Flies
Soft Toss
Whiffle Ball
Teamwork

*** Attention Players and Parents***

Please plan on bringing with you to each of the baseball clinics: a baseball glove, baseball bat, sneakers, baseball cleats, water bottle, hat and sweatshirt/jacket. Batting Gloves are recommended. There will be a few extra bats and a water cooler available to use at the clinic. Each player will be responsible for their possessions and should transport these materials to each of the baseball work stations.

***If Raining – We will be inside of the Wild Pitch Batting cages, located at the end of Gifford Street, at the back of the 21 Cove Street mill, behind the right field fence and boats of Ben Rose Field. Cleats will not be allowed inside the Wild Pitch batting cages, sneakers only.

Please have your ride or transportation ready for drop off around 15 minutes prior to the start of the clinic and pick up at 3pm. We look forward to seeing you. Thank you!!!

BRIAN ROSE BASEBALL CLINIC APPLICATION & WAIVER FORM

Ben Rose Field / Wild Pitch Batting Cages – April 20-23, 2010 – 12-3pm

NAME: _____ D.O.B.: _____ AGE: _____
ADDRESS: _____ T-Shirt Size: Youth- XL Mens- S / M / L / XL
CITY/ TOWN: _____ STATE: _____ ZIP: _____
EMAIL: _____ TELEPHONE: _____
INSURANCE: Y / N NAME OF COMPANY: _____
EMERGENCY CONTACT PERSON & PHONE: _____

Waiver: I _____, Parent or Guardian of _____, hereby give permission to my son / daughter to participate at the Brian Rose Baseball Clinic. I hereby covenant and agree with any and all parties of Brian Rose Baseball, the City of New Bedford, the City of New Bedford's Recreation/Park Dept, Wild Pitch Batting Cages; their officials, agents, representatives, and successors to hold harmless without limitations all claims against personal injuries, liabilities, or cost of any damages or expenses which may arise in connection with our son's / daughter's involvement in the baseball clinic.

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____

Date: _____

I hereby testify as to my child's sound health of mind, body, and spirit and I authorize the Brian Rose Baseball staff to seek medical treatment at the nearest medical facility in case of an emergency. I intend this statement to take effect as a sealed instrument.

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____

Date: _____

***Please fill out and mail this form and full payment (Non-Refundable) to:
Brian Rose Baseball, 11 Fernandes Way, Dartmouth, MA 02747***