

GO ONLINE AND REGISTER NOW!
www.PlayBallAcademy.com



Elite Pitcher & Catcher Clinic

Sunday, October 25, 10AM to 1:00PM; Ages 10 to 15
Historic Limeport Stadium



Special Clinic Bonus

One Year FREE Access To The
PlayBallAcademy.com Coaches Club (\$87.00 value)
***** Free Video Analysis Webpage (\$50 value) *****



Only 4 catchers and 8 pitchers will be accepted for this Elite Pitcher and Catcher Clinic. The clinic will be lead by Coach Steve Rau and Coach Blake Barthol, who have over 50 years of combined pitching and catching experience.

Reserve your spot now!!
This clinic sold out in 2008 in one week!!
Register online at: www.PlayBallAcademy.com

Clinic Details

Fee: \$57
Ages: 10 to 15 (limited to 12 players)

Any Questions?
Email: coachRau@playballacademy.com
Call Coach Steve Rau at: 484-225-1746

Features of the clinic:

- ✓ **3 solid hours of advanced instruction**
- ✓ **Learn effective drills to dramatically improve skills**
- ✓ **4:1 player to coach ratio**
- ✓ **Video analysis of both pitchers and catchers**
- ✓ **Over 50 years of pitching/catching experience**

Name: _____ Birth Date: _____ 2nd Child: _____ Birth Date: _____

Circle One:
Catcher Pitcher Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Parent Name _____ : _____ Emergency Phone: _____

By signing below, I acknowledge the above information is correct and as the parent or legal guardian with full responsibility for the care of our child/ custodial child listed above, in consideration for the opportunity for our child to participate in a program provided by Play Ball Training Academy, LLC; and intending to be legally bound hereby, the undersigned waives any and all rights of our child, and releases the Play Ball Training Academy, LLC. and its employees relating to and from any all claims or liability that may arise from any injuries or harm suffered by our child caused by or occurring during our child's participation in the program.

The undersigned grants permission for the Play Ball Training Academy, LLC, and its employees, to provide emergency care for our child as Play Ball Academy, LLC. deems necessary.

The undersigned shall directly, or indirectly through insurance coverage, assume financial responsibility for any medical charges incurred on behalf of care of our child. *By signing below, I allow Play Ball Training Academy, LLC to use my child's picture or video for marketing purposes.*

Parent/Guardian Signature: _____ Date: _____

Please send a check or money order for the total amount to:
Or Register Online at: www.PlayBallAcademy.com

Play Ball Training Academy
P. O. Box 441, Macungie, PA 18062