

***BILL DECKER'S
WINTER BASEBALL BOOT CAMP***

For Grades 9-12

“Home of the 2008 National Champions”

Trinity College head coach Bill Decker is offering a 10 session winter baseball program. The “Boot Camp” provides serious high school baseball players the opportunity to work out in an open format, and at the same time, receive professional instruction from Coach Decker and his staff. The last half hour of each session will be devoted to speed and agility training.

 HITTING INSTRUCTION  PLAYER DEVELOPMENT  DEFENSIVE SKILLS & POSITION PLAY

To register please email Bill Decker @ william.decker@trincoll.edu, then complete and mail in the registration form below. For directions and information about the Trinity Baseball Program visit www.trincoll.edu.

<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>
Sunday 12/6	10:30 A – 1:00 P	Monday 1/18	1:30 – 4:00 P
Sunday 12/13	10:30 A – 1:00 P	Sunday 1/24	1:30 – 4:00 P
Sunday 12/20	10:30 A – 1:30 P	Sunday 1/31	9:30 - Noon
Sunday 1/3	10:30 A – 1:30 P	Saturday 2/6	6:00 – 8:30 P
Sunday 1/10	1:30 – 4:00 P	Saturday 2/13	6:00 – 8:30 P

Limit: 40 Players
 Cost: \$400.00
 Site: Trinity College (27,000 square foot indoor field house)



 PLEASE COMPLETE & RETURN THE FOLLOWING WITH PAYMENT (CHECKS PAYABLE TO BILL DECKER) TO:

BILL DECKER – 7 OX YOKE DRIVE – SIMSBURY, CT 06070

Name _____ High School _____ Age: _____ Grade: _____

Street Address _____ City _____ State: _____ Zip _____

Home Telephone: _____ Cell Phone Number: _____

Email: _____ Emergency Contact _____

Condition of Attendance: In consideration of Bill Decker and Trinity College allowing my child or myself to attend, I(we), individually and as legal guardian(s) (and/or) parent(s) of _____, a minor, (“my child”) do hereby release, discharge, indemnify and hold harmless Bill Decker or Trinity College and its owners, directors, officers, employees, agents, successors and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitation: injury to my child, myself and/or property arising out of or incident to my child’s participation and/or attendance at Trinity College, whether caused in whole or in part by negligent act(s) or omission(s) of its owners, directors, officers, employees or agents. I do hereby authorize the staff of Bill Decker or Trinity College to act for me according to their best judgment in any medical emergency for my child or myself.

DATE: _____ PARENT/GUARDIAN SIGNATURE (REQUIRED) _____