



## Clinics by The Wesleyan University Baseball Program

### Indoor baseball for ages 8-14

Wesleyan Baseball will offer clinics on Monday nights in January 2015 in Wesleyan's Bacon Field House for baseball players ages 8-14. A focus is placed on game skills with live at-bats and hitting in the cage, live defensive play & game situations, and individual instruction from the Wesleyan University baseball staff.

**When:** Mondays in January, 2015 - 6:30-9:00 p.m.

Mon, Jan. 5  
 Mon, Jan. 12  
 Mon, Jan. 19  
 Mon, Jan. 26



**Where:** Wesleyan University, Freeman Athletic Center, 161 Cross St., Middletown, Conn.  
 Full fieldhouse/batting cage/pitching mounds/indoor games include outfielders!

**Cost:** \$25 per session per player

**Directions:** From Rt. 9: Take Exit 15 (66 West). At top of hill, left on Vine St. At end, right on Cross St. Freeman Athletic Center is on left. Park in lot past entrance across the street, or past fire station on left. From Rt. 91: Take 66 East, past Palmer Field. At top of hill, right on Vine St.

**Who:** Run by the Wesleyan Baseball coaching staff of Wesleyan head coach Mark Woodworth; and Wesleyan assistant coaches Bob Wojick, Chris Wojick and Scott Wosleger.

**Contact:** Mark Woodworth -- mwoodworth@wesleyan.edu - (860) 685-2924

Please bring registration form to the clinic, or mail registration to:

Mark Woodworth, Wesleyan Baseball, 161 Cross. St., Middletown, CT 06459

Checks payable to: *Wesleyan Baseball*

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_ Parent Cell Phone (\_\_\_\_) \_\_\_\_\_

Medical Release: I, the undersigned, individually and as a parent and/or guardian of \_\_\_\_\_, a minor, ask that he be admitted to participate in the 2015 Wesleyan University Winter Baseball Clinic(s). In consideration of such admission, I do hereby agree to release, discard, and hold harmless Wesleyan University and its employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the clinic or in the course of competition and/or activities held in connection with the clinic.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_