

FATHER/SON



SKILLS CLINIC MOMS AND GRANDPARENTS TOO!

BUILDING A FOUNDATION TODAY...  FOR BETTER BASEBALL TOMORROW.

THE FATHER/SON BOND:

It is irreplaceable and immovable once in place. It takes time and patience to cultivate and is built upon strong values and fond memories. This clinic is intended for father and son to share some time together and learn the great game of baseball. Our skills clinic is designed to provide information and drills to fathers in order to help them gain a better understanding of the game of baseball while giving them a better knowledge to teach the game to their sons. Handouts will be given to the attendees so that they can further practice at home.

CAMP TOPICS

- ◆ WARM UP AND STRETCHING
- ◆ THROWING TECHNIQUES
- ◆ DEFENSIVE SKILLS
- ◆ BASE RUNNING
- ◆ HITTING DRILLS

WHAT TO BRING

- ◆ BASEBALL BAT
- ◆ BATTING GLOVES (IF YOU HAVE SOME.)
- ◆ BASEBALL GLOVE
- ◆ BASEBALL HELMET (IF YOU HAVE ONE.)



**"MY SON AND I HAD A BLAST!
I LOVED THIS GAME GROWING
UP AND NOW I CAN PASS THAT
ALONG TO MY SON!
THE DRILLS AND TIPS THAT THEY
SENT HOME WITH US WILL KEEP
US PLAYING TOGETHER AT
HOME!
THE COACHES WERE AWESOME!
THEY MADE SURE THAT I KNEW
HOW TO SHOW JOEY THE RIGHT
WAY TO PLAY BALL..."**



-----*(Detach Here and Return)*-----

FATHER / SON SKILLS CLINIC

CLINICS HELD ON SATURDAYS 3 PM — 5 PM

CHOOSE YOUR CLINIC(S)

_____ NOVEMBER 11 _____ DECEMBER 9 _____ JANUARY 13
 _____ FEBRUARY 10 _____ MARCH 10 _____ APRIL 7

PLAYER'S NAME(S) _____ **AGE** _____ **PARENT'S NAME** _____
ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
HOME PHONE _____ **CELL PHONE** _____
E-MAIL _____

Member Price - \$40 for One Player /Dad

MEMBER # _____

Non-Member - \$50 for One Player /Dad

Amount Enclosed \$ _____



PAYMENT METHOD

Cash Check Visa MC Disc AMEX

Card No _____

Exp Date _____ 3 digit V-Code _____

Signature _____



PARENT/GUARDIAN RELEASE STATEMENT: We (I) hereby give our (my) permission to The Strike Zone to provide medical attention to our (my) son/daughter in the event of injury or illness. We (I) hereby release The Strike Zone and all its employees from all claims (present or future) resulting from any injuries which may be sustained by our (my) son/daughter while attending The Strike Zone Clinic.

(Parent/Guardian Sign Here): _____

Make checks payable to "The Strike Zone" and mail or return to

STRIKE ZONE 2900 SOUTH 110 STREET OMAHA NE 68144

Questions? Telephone (402) 398-1238 or Fax your Registration to (402) 399-2019

Visit our Web Site at www.StrikeZoneOmaha.com or E-Mail us at jsiwa@strikezoneomaha.com