



# Muhlenberg College Baseball

## Fall Ball Clinic

September 19, 2010



The clinic is directed by Corey Goff, Head Baseball Coach at Muhlenberg College his assistant coaches and members of the current Muhlenberg team. This highly qualified staff will provide instruction emphasizing the fundamental skills of baseball. Participants will have the opportunity to put their skills into action while being evaluated by the coaching staff.

### High School Baseball Clinic

#### Sunday, September 19th

**For players in grades 9-12**  
**Noon – 5:00pm**  
**\$100**

**Schedule:**

- Noon Registration/ check-in**
- 12:30 Stretch & Throw**
- 1:00 Defensive position specific skill instruction**
- 2:00 Offensive skill instruction**
- 3:00 Game Situations, Bullpens & Batting Practice**

**Space is limited, act fast**

Enrollment Form: All Information must be completed. Please PRINT clearly.

Name \_\_\_\_\_ Email \_\_\_\_\_  
Please note: all registration confirmation and other camp information will be sent via email.  
 Address \_\_\_\_\_ cell # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ High School \_\_\_\_\_  
 Parents Name(s) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Parents Email (s) \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Year of High School Graduation \_\_\_\_\_ Positions Played \_\_\_\_\_

Mail Registration and payment to:

Make checks payable to:

Muhlenberg College Baseball  
 Corey Goff  
 2400 Chew St  
 Allentown , PA 18104

**“Muhlenberg College Baseball”**

*I certify that my child: \_\_\_\_\_ has had a physical examination within the last six months and is in sound physical condition for participation in the Muhlenberg College Baseball clinic. Also, I authorize the staff of the Muhlenberg College to act accordingly and with their best judgment in an emergency situation. I have adequate insurance and hereby waive and release Muhlenberg College and its staff from any and all liability in the event of injury or illness requiring treatment, hospitalization and/or surgery. Muhlenberg College is not responsible for and will not provide any medical, dental, hospital or laboratory fees due to injury while participating in the Muhlenberg College Baseball clinic.*

*Please indicate any medical needs:*

\_\_\_\_\_

\_\_\_\_\_

*Please indicate any allergies:*

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian:

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