



Baseball Clinic/ Showcase

at Muhlenberg College

November 29, 2009



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/ Showcase

Sunday, November 30th

For players in grades 9-12
Noon – 5:00pm
\$75

Video Analysis Included

Schedule: RAIN OR SHINE (in the event of inclement weather, we will conduct the clinic in our field house)

- 12:00 Registration/ check-in
- 12:30 Stretch & Throw
- 12:50 Offensive and Defensive Skill Instruction
- 2:00 Game situations & 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 _____

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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