



PORT CHESTER RECREATION DEPARTMENT

Tco 'P cvlqp' Baseball Training Clinic 201: for : /15 year old Players



SESSION DATES: Monday thru Friday, April 2nd – April 6th

CAMP TIMES: 9 a.m. – 12 p.m.

LOCATION: PORT CHESTER HIGH SCHOOL BASEBALL FIELD

CLINIC OVERVIEW: These Clinics are designed to develop and increase each individual's skills set. Hitting, throwing, defense, base running and pitching stations will be organized to develop proper technique. The goal is to prepare each player for their upcoming Spring baseball season. The clinics will be run by the Port Chester High School: Head Coach Eddie Martinez & players of the 2018 Port Chester High School Varsity Baseball Team.

Instruction – Eddie Martinez- Graduate of Stamford High School 2002. 4 year varsity player. State Championship in 2001. Attended Concordia College from 2002-2006, 2 time first team all conference, 2 time all New England regional selection. Manager of The New Rochelle Robins since 2010. The Robins is a semi- pro summer college team that have been operating under Richard Caswell for 64 years. Freshmen 2015 baseball coach at Stepinac High School. Current Varsity Head Baseball Coach at Port Chester High school.

Please check one

_____ : -; years old _____ 32-13 years old _____ 14 – 15 years old

REGISTRATION DEADLINE – OCTOBER 45, 201:

Player's Name (Print) _____ Birth Date _____

Address _____ Phone No. _____

Cell Phone _____ Age as of 4/30/1: _____ School _____

Email Address: _____

Emergency Contact Name & Phone No. _____ a

Special Concerns _____

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Registration: Tco 'P cvlqp' Baseball Clinics 201:
_____ \$175.00 per session "qt aaaaaa&2IF c{ "T gukf gpv+
_____ \$250.00 per session qt "aaaaa&2IF c{ "(Non - Resident)
Make Checks payable to: Rqt vEj gurgt 'DcugdcmfDqqugt 'Enwd
c/o Marc Kessler
6 College Ave
Port Chester, NY 10573



For further information please email portchesterbaseballboosterclub@gmail.com

I, the parent/guardian of the above named candidate to participate in the Tco 'P cvlqp' Baseball Clinic Program, hereby give my approval for my child to participate in any and all league activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Port Chester and the Port Chester School District, their agents, officers, employees, volunteers, supervisors, sponsors, participants and persons transporting my/our child, to and from activities, for any claim arising from an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

My child has been examined by a private or school physician and found to be in sound physical condition and has permission to participate in any activity of the program.

Parent/Guardian Signature _____

Date : _____