

ST.MARK'S/GAME 7 ROOKIE BASEBALL CLINIC

When: SATURDAYS – 6 Sessions (Begins March 3rd 2012)

Who: Kids ages 4 – 7 years (players are split up according to age)

2nd Grade 10:15am

1st Grade 11:20am

Kindergarten 12:25pm

Pre-k 1:30pm

Sessions will be 1 hour long. Last year the four sessions filled up very quickly so please register as soon as you can if your youngster is interested.

Where: St. Mark's Church THIS IS AN INDOOR CLINIC
200 Hempstead Ave - Rockville Centre

Price: \$85 (price includes 6 sessions, t-shirt & insurance) 6 weeks long.

Due to insurance reasons, each session will be limited to 15 players. No exceptions.

Please Do Not Confuse this program with the Spring Baseball League held at the RVC Rec Center which is on Tues & Thurs evenings. The league begins first week in May.

PLAYERS MUST WEAR SNEAKERS AND BRING THEIR OWN GLOVE. ALL OTHER EQUIPMENT WILL BE PROVIDED AT THE CLINIC.

We all wish that our youngsters could get the opportunity to field many ground balls and have many at-bats in their baseball games. The fact of the matter is a young player is fortunate to swing a bat 2 or 3 times and lucky to field 1 or 2 balls during a game. This doesn't allow for much "real" practice. By keeping the number of participants small, and setting the Game 7 clinic into "stations", our goal is to get your youngster many repetitions at bat, fielding, and throwing the ball. Through repetition, focus and fixing mistakes, we hope to have each player improve their game as well as build their confidence for spring baseball. Using these simple techniques we can increase the amount of practice time a player gets in just one hour.

More information is available by emailing us at game7@optonline.net

Please make checks payable to: Game 7 Sports, Inc.
29 Marvin Avenue
Rockville Centre, NY 11570

Please detach this enrollment form and mail along with your check to: Game 7 Sports, Inc. 29 Marvin Ave, Rockville Centre, NY 11570

Player's name: _____ **Age and Grade:** _____

Phone: _____ ***EMAIL*** _____

(Please provide your email address so you can be notified of starting date and time)

Address: _____

School: _____ **Emergency contact:** _____

I understand that any player who does not abide by the rules and regulations promulgated by Game 7 is subject to dismissal without reimbursement or recourse. GAME 7 will not be responsible for injury or illness if same was not caused through fault of Game 7. I hereby authorize the directors to act accordingly for me according to their best judgment in any emergency if I cannot be contacted.

Date: _____

Parent/Guardian Signature: _____ base3/12

