# Wausau East Baseball Clinic 2010

## 6th, 7th, & 8th Graders

This year players in grades 6-8th grade will have the opportunity to specialize their skills as a hitter or pitcher. We are running a clinic on April 18th and April 25th at Wausau East from 4-6 PM. Campers will need to pick an area they want to focus on. If campers would like to focus on both areas they are encouraged to sign up for both weeks at a discount.

**Pitching Work**

- Pitching Mechanics
- Different pitches
- Live throwing off mounds

**Offensive Work**

- Hitting drills
- Extended batting cage time
- Bunting

**For more information please call or E-mail:**

Jon Winter: 261-0144
jwinter@wausau.k12.wi.us

Aaron Kottke (715) 581-4817
akottke@wausau.k12.wi.us

**To register please go to**

www.lumberjackbaseballcamps.com

OR fill out the portion below and send to:
Wausau East Baseball Clinic
Attn: Steve Heinrich
2607 N. 18th Street
Wausau, WI 54403

---

Name _____ Phone ( ) _____

Address _____ City _____

Email_____

Adult Shirt Size (Circle): S M L XL

Clinic Dates (check)

_____ April 18th (Cost $25) HIT PITCH (CIRCLE One)

_____ April 25th (Cost $25) HIT PITCH (CIRCLE One)

**Attend both camps (Cost $40)**

Make checks payable to Lumberjack Baseball

My son/daughter has permission to attend the East Baseball Clinic. I certify that within the past two years he/she has had a physical exam and that he/she now is physically able to participate in baseball without restriction. I acknowledge that at the Camp, my son/daughter will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects; including the ground and that at the Camp he may incur a risk of injury. In the event of illness or injury, I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthesia, or surgery. I specifically waive and release camp staff, and the Wausau School District from liability from any liability for any claim for damages, which my son/daughter or I may have for illness, or injuries that he may sustain at the Camp. I will be responsible for any medical or other charges in connections with my son/daughter's attendance at the Camp.

Parents Signature _____ Date _____