

HOKIE BASEBALL PROSPECT CLINICS

Presented by: *Pete Hughes*

Head Coach of **VIRGINIA TECH** *Baseball*

Fall Dates: **Session II (Oct. 13-14)**
Session III (Oct. 27-28)
2 day clinic
Cost: \$200
Ages 14 + up

LOCATION ~ English Field

EXPOSURE ~ This is a **prospect clinic**. You will be exposed to several programs in the region. A variety of programs will be represented at all of the clinics.

If you would like us to invite a certain college or university, please let us know

STRUCTURE ~ All sessions of the clinics will have the same structure. Day I will consist of a pro-style workout in which every camper will be evaluated. Live games will follow the pro-style workout on Day I. Day II will consist of all games. Each camper will receive a numbered t-shirt in which they will wear both days of the clinic. You will see the most playing time at your primary position and primary pitchers will not get as many at bats as positional players. Registration will begin at 9:00 am for all sessions and camp will get underway at 10:00 am.

(cut and mail)

PROSPECT CLINIC APPLICATION

Fall : SESSION II / SESSION III (Please Circle)

Camper's Name: _____
Primary Pos: _____ Secondary Pos (if any): _____
Address: _____
City and State: _____ Zip: _____
Email: _____
Age: _____ Phone: _____ GPA/SAT's (if taken) _____
Parent's Names: _____
T-Shirt Size _____ (L or XL) Grade for Upcoming School Year: _____

Virginia Tech Clinic Waiver:

The named participant _____ has my permission to participate in the Hokie Baseball Prospect Clinic. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending certified athletic trainer to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. Accident Insurance for the 2006 Hokie Baseball Prospect Clinic is provided by Virginia Tech on an excess basis. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage.

Emergency contact: _____ Emergency phone: _____
Insurance company: _____ Policy #: _____
Signature of parent or guardian: _____ Date: _____

Call to confirm attendance at 540-641-0340 ASAP. Sessions fill up quickly.
Make Checks payable to HOKIEBALL, and mail application to:
For questions email us at tmackor@vt.edu or call 540-641-0340.

Hokie Baseball Clinics
Virginia Tech Baseball
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