

VIKINGS

Central Catholic Pre-Spring Clinics GRADE LEVEL

5th 6th 7th 8th

Offensive Clinic – Saturday, February 21, 2009

- \$45.00 Before Feb. 15
 \$50.00 After Feb. 15

Defensive Clinic – Sunday, February 22, 2009

- \$45.00 Before Feb. 15
 \$50.00 After Feb. 15

Both Clinics – Sat & Sun, February 21-22, 2009

- \$80.00 Before Feb. 15
 \$90.00 After Feb. 15

Full Name		Age
Home Address		
City	State	Zip
Home Phone	Cell Phone	
Email Address:		
Shirt Size		
Parent or Guardian Signature		Date

CHECKS PAYABLE TO: Central Catholic Baseball
 MAIL TO: Ms. Diane Martin, 109 Crystal Springs Dr., Cranberry,
 PA 16066



2009 Pittsburgh Central Catholic Vikings



VIKINGS

Pre-Spring Baseball Clinics



VIKINGS

Pre-Spring Baseball Clinics

The Central Catholic Pre-Spring Clinics are for all players currently attending 5th, 6th, 7th, or 8th grade. These clinics will allow players to receive instruction on baseball fundamentals from the Central Catholic Varsity staff and current members of the program. The clinics will be held on campus in the Alumni Hall Gym.

The offensive clinic will break the offensive side of the game down into its two parts – hitting and baserunning. Coaches will utilize drill progressions to isolate and teach the fundamental mechanics of hitting – stance, load, hip rotation, swing plane, extension, and finish. In the baserunning portion of the offensive clinic, the coaches will cover: going home to first, primary leads, and secondary leads. The offensive session will be held on **Saturday, February 21, 2009, from 9:00am to 12:00pm.**

The defensive clinic will focus on using a progressive drill-based approach to teach proper throwing mechanics and proper defensive fundamentals for all positions – infielders, outfielders, and catchers. The defensive clinic will be held on **Sunday, February 22, 2009, from 9:00am to 12:00pm.**

Registration is limited to 40-50 participants for each session. To register for one or both of the clinics, detach the application on this brochure and mail with payment. Walk-up registration is available for an extra \$5.00, until the clinic is full.

Players should bring all necessary baseball equipment for participation. This includes bats, gloves, tennis shoes, and catcher's gear.

A concession stand will be available. Gently used baseball equipment and clothes will also be on-sale at yard-sale prices.

Call Head Coach Frank LaCava with questions about the clinics at 412.848.1202.



Clinic Instructors

Frank LaCava Head Varsity Coach
Paul DeRenzo Assistant Varsity Coach
Eric Kuczma Assistant Varsity Coach
John Rende Assistant Varsity Coach
Mike Berger Scout – Toronto Blue Jays
Joe Stupka Central Catholic Coach
Curtis Parker Central Catholic Coach
Matt Sprinkle Asst. Coach – Pitt Greensburg

Plus Guest Coaches and Speakers

Offensive Session – 2/21/09

9:00am – 12:00pm

8:45 – 9:00: Registration
 9:00 – 9:10: Camp and Coaches Intro
 9:10 – 9:25: Stretching and Agilities
 9:25 – 11:00: Hitting Stations
 11:00 – 11:45: Baserunning
 11:45 – 12:00: Coaches Q&A and Wrap-Up

Defensive Session – 2/22/09

9:00am – 12:00pm

8:45 – 9:00: Registration
 9:00 – 9:10: Camp and Coaches Intro
 9:10 – 9:25: Stretching and Agilities
 9:25 – 11:45: Throwing Program and Positional Instruction
 11:45 – 12:00: Coaches Q&A and Wrap-Up

Brochured Updated 31 January 2009

Authorization for Medical Care

Full Name	
Social Security Number	Birthday
Parent/Guardian Name	
Home Phone	Emergency Phone
Emergency Contact	Emergency Cell
Current Medication	
Physician Name	Physician Phone
Insurance Company	Policy Number
Pittsburgh Central Catholic does not provide medical insurance for clinic participants. In the event of injury or illness requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.	
I hereby consent to any and all health services deemed necessary by the emergency room. I give authority and power to any such physician/surgeon to render any and all health services that may be deemed necessary or advisable. I authorize the Central Catholic director or counselor to accompany the student and sign permit forms required by the medical center. I understand in case of serious accident or illness, every effort will be made to contact me. I understand that I will be responsible for any costs or care not provided. I understand that there is a risk of injury for my son or daughter while participating in the clinic and I hereby assume all risks associated with participation and agree to exonerate Pittsburgh Central Catholic, its agents, servants, trustees, and employees from any and all liability.	
This release must be signed to participate.	
Parent/Guardian Signature	Date

