

# VIKINGS

## Central Catholic Pre-Spring Clinics

### GRADE LEVEL

4<sup>th</sup>   
  5<sup>th</sup>   
  6<sup>th</sup>   
  7<sup>th</sup>   
  8<sup>th</sup>

### Offensive Clinic – Saturday, February 20, 2010

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

### Defensive Clinic – Sunday, February 21, 2010

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

### Both Clinics – February 20 - 21, 2010

\$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:

Pittsburgh Central Catholic Baseball Boosters  
 MAIL TO: 3050 Marshall Road, Pittsburgh PA 15214



## 2010 Pittsburgh Central Catholic Vikings



# VIKINGS

## Pre-Spring Baseball Clinics



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## Pre-Spring Baseball Clinics

The Central Catholic Pre-Spring Clinics are for all players currently attending grades 4 through 8. 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 20, 2010, from 1:00pm to 3:00pm.**

**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 21, 2010, from 1:00pm to 3:00pm.**

Registration is limited to 40-50 participants for each session. To register for one of 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, quality baseball equipment will also be on-sale at bargain-basement 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  
**Joe Stupka** Assistant Varsity Coach  
**Paul Heckler** Assistant Varsity Coach  
**Dave Vezendy** Central Catholic Coach  
**Rob Modero** Central Catholic Coach  
**Matt Sprinkle** Central Catholic Coach  
**Rich Michalek** Central Catholic Coach

### Plus Guest Coaches and Speakers

### Offensive Session – 2/20/10

#### 1:00pm – 3:00pm

12:45 – 1:00: Registration  
 1:00 – 1:10: Camp and Coaches Intro  
 1:10 – 1:25: Stretching and Agilities  
 1:25 – 2:15: Hitting Stations  
 2:15 – 2:45: Baserunning  
 2:45 – 3:00: Coaches Q&A and Wrap-Up

### Defensive Session – 2/21/10

#### 1:00pm – 3:00pm

12:45 – 1:00: Registration  
 1:00 – 1:10: Camp and Coaches Intro  
 1:10 – 1:25: Stretching and Agilities  
 1:25 – 2:00: Throwing Program  
 2:00 – 2:45: Defensive Instruction  
 2:45 – 3:00: Coaches Q&A and Wrap-Up



## 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