



# CHAMBERLIN BASEBALL ACADEMY 2017 WINTER CLINIC

Chamberlin's Winter Baseball Camp will focus on the basic fundamentals of throwing, catching, fielding, pitching and hitting. Players will be instructed by former players, coaches and college players.

### Clinic Coaches:

Mark Chamberlin  
Dan Hydash  
Chuck Andrews  
Josh Labandeira  
Joe Andrada  
Dylan Lee

### DATES & PRICING:

|                              |              | <u>Before 12/24</u> | <u>AFTER</u> |
|------------------------------|--------------|---------------------|--------------|
| Clinic #1 Winter Clinic      | Dec. 27 & 28 | \$95                | \$105        |
| Clinic #2 Pitching/Catching  | Dec. 29      | \$50                | \$60         |
| Clinic #3 Both Clinics 1 & 2 | Dec. 27 – 29 | \$130               | \$145        |

### Volunteer college coaches:

Jace Chamberlin – Cal State Fullerton  
Jordan Prendiz – UCLA  
Holden Powell – UCLA

Parker Cantrell – Fresno Pacific  
Dalton Daily – Yavapai College  
Nate Breaduss – Antelope Valley

### SCHEDULE:

#### 1) Winter Clinic (Dec. 27 & 28)

9:30 – 10:00 ..... Check-in  
9:40 – 10:00 ..... Clinic begins  
10:00 – 11:00 ..... Throw/Catch Fundamentals  
11:00 – 12:00 ..... Defense  
12:00 – 12:30 ..... Lunch (Provided)  
12:30 – 2:00 ..... Hitting  
@ Golden West HS  
1717 N. McAuliff, Visalia

#### 2) Pitching Clinic (Dec. 29)

8:45 - 9:00 ..... Check-in  
9:00 – 12:00 ..... Clinic begins  
  
Ages: 10+  
Limited Spaces  
  
@ Chamberlin Baseball Academy  
1139 N. Century, Visalia

## CHAMBERLIN BASEBALL ACADEMY (CBA)

1139 N. Century, Visalia, CA 93291 • (559) 636-2255 • ChamberlinBaseballAcademy.com

**APPLICATION:** Please fill out this registration, sign medical release, and return to CBA with your payment.

Players Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email 2: \_\_\_\_\_

(Must provide at least one email)

I hereby authorize the staff of Chamberlin Baseball Academy to act according to their best judgement in any emergency requiring medical attention. I hereby waive and release the camp, Visalia Unified School District, and Golden West High School from any and all liability for injuries and illnesses incurred while in camp.

Parent Signature: \_\_\_\_\_

Please list any medical information (asthma, allergies, etc.) our staff should know of: \_\_\_\_\_

Please indicate your child's shirt size:

Youth – S M L XL

Adult – S M L XL

Please circle one