

BELLINGHAM BELLS COACHES ADVANCED CLINIC

The Bellingham Bells coaching staff would like to welcome ages 6-14 to a special advanced skills baseball clinic. Players will be instructed in-depth in each clinic and be split up into age specific groups to maximize development and ensure safety.

SESSION 1 Prog # 8564 Pitcher/Catcher Session... July 23rd-24th 10 am-12 pm

*In this session, players will sign up as a Pitcher OR Catcher

*Pitchers will cover and practice the importance of a throwing routine, arm care health, mechanics, mentality, fielding, picks, and communication with their catcher.

*Catchers will cover and practice the importance of receiving, blocking, throwing, fielding, staying durable, managing the game, and communication with their pitcher.

SESSION 2 Prog # 8566: Offensive Hitting Session... July 23rd-24th 12 pm-2 pm

*Hitters will cover and practice the mechanics of their swing, mentality at the plate, and what types of approaches there are based on the individual and particular situation. This will be done through dry work, drills, and batting practice. Players will also be getting filmed and analyzed by one of our coaches.

BOTH SESSIONS Prog # 8567

COST: \$75/SESSION OR \$125/BOTH SESSIONS

****Includes t-shirt & ticket to Bellingham Bells game on Tuesday, July 24th****

Early Bird Discount: Register by June 1 and receive \$20 off registration fee!

SPOTS ARE LIMITED!!!

Discounts Available (Please call COB to register with these discounts at 360-778-7000):

- **Sibling Discount** – Register two or more campers & receive \$10 off each registration!
- **All Session Discount** – Register for Coaches Camp (6/26 - 6/28) & both Advanced Sessions (7/23 - 7/24) for \$200 (retail price \$250)

..... Registration Form (Please Print)



Bellingham Bells Coaches Advanced Clinic

Prog # 8564 Pitcher/Catcher Prog # 8566 Hitting Prog # 8567 Both



Participant Name _____ Parent Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birth date _____ Grade ('18-'19) _____ **Shirt Size** YOUTH M L XL ADULT S M L XL

Email Address (please print clearly) _____

To be eligible for a full refund, an individual must notify the Parks & Recreation Department of withdrawal before the program begins. Allowable refunds after the first day of the program will be pro-rated.

Parents or guardians must sign release below. I/We, realizing no insurance coverage is provided for the participants, will assume full financial responsibility for any cost relating to any accident or injury that might occur while my/our child participates in above-named program. Furthermore, I/We will not hold ALB-Div I, Hall of Fame Camps, Bellingham Baseball Club, LP or the City of Bellingham, and all of their employees, volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur. The Bellingham Bells Coaches Advanced Clinic is NOT affiliated with, sponsored, endorsed, owned, or operated by the Bellingham Baseball Club, LP (the Bellingham Baseball Club). The Camp is owned by ALB Div 1 dba Hall of Fame Camps which is using the "Bellingham Bells" name, logos, symbols, and marks under a trademark license agreement.

Parent/Guardian Signature _____ (please print) _____ Date _____