



## 2020 SPRING TRAINING CLINIC

### WITH COACH E

Presented by Idris Liasu and the L & M Baseball Staff

**Dates, Place & Time:** January 6- March 7 (9 Weeks)- Monday All About Sports (Everyone) 5:30-7, Wednesday Wide World Indoor Sports (P, C & OF) 3:30-5pm All About Sports (All Hitters) 5:30-7pm. Thursday WWC (P & IF) 3:30-5pm and Saturday 6-8:30 P & C. 7-9:30pm OF & IF

**Bonus Week 10-** March 9, 11 and 14, Wed 6pm or 7pm and Sat 6pm or 8pm

**Ages:** All high school student-athletes

**Cost:** \$925 per person (**L & M 2020 Summer Players Discount \$725**)

**OBJECTIVE:** Come and join our staff of former Professional, College Coaches, Professional Players and College Players. The clinic will cover all aspects of Pitching, Catching, Infield Play, Outfield Play, Hitting and Base Running as well as the mental side of the game. We will get your game ready for the high school season the right way.

Be sure to bring all your baseball gear and be prepared to work hard and learn a lot. Coach E believes in working hard, working smart, and having a lot of fun while doing it. We will be indoors for the most part so weather will not restrict us. See you soon! Each participant will get a t-shirt.

(Cut and mail in application)

#### L & M BASEBALL SPRING TRAINING CLINIC WITH COACH E APPLICATION

L & M 2020 Summer Player: \$725 \_\_\_\_\_ Clinic Participants: \$925 \_\_\_\_\_ Bonus Week 10: \$100 \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Shirt Size: \_\_\_\_\_ Primary Pos: \_\_\_\_\_ Secondary Pos (if any): \_\_\_\_\_ Bat/ Throw \_\_\_\_\_

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

Parents Names: \_\_\_\_\_

High School: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT/ACT: \_\_\_\_\_ Age/Year of Graduation: \_\_\_\_\_

**Clinic Waiver:**

I hereby verify that my son \_\_\_\_\_ has my permission to participate in the L & M Baseball - Coach E Spring Training 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 grant permission to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. All participants 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: \_\_\_\_\_

Venmo Link- [https://venmo.com/code?user\\_id=2851287959863296456](https://venmo.com/code?user_id=2851287959863296456) or you can make check payable to "L & M Baseball" and please mail application with at least a \$300 deposit. Mailing Address: L & M Baseball. P.O. Box 542. Slaterville, RI 02876 - Enrollment is limited-register early.

- For questions email me at: [lmbaseball1@gmail.com](mailto:lmbaseball1@gmail.com). **No refunds after registration.**