



Baseball/Softball Winter Blast

The 2009 Baseball and Softball Winter Blast is a six week camp where players are taught the necessary skills to become better baseball and softball players. There are both pitching and batting camps offered. Players are divided into small groups and work with professionally trained coaches on the necessary skills and the mechanics of hitting, throwing, pitching and fielding. Instruction is specifically tailored to the ability level of each player. This camp is designed to be both fun and educational.

Hitting Camp: For six weeks, hitters are rotated through a series of drill stations that work on the basic and advanced mechanics of the swing. Coaches instruct and work with each kid as an individual. The program is designed to improve a players balance, timing, pitch recognition, power, bat speed, and confidence. Bunting is also covered. Hitters are taught an understanding of the swing allowing them to continue to develop on their own. Through repetition, young hitters develop a better base allowing them to hit the ball harder more consistently while older players learn about hitting the ball the other way and hitting off speed pitches more consistently. Each hitter is videoed and is able to see him or herself hit and be evaluated by DartFish, a high speed video analysis computer system.

Pitching Camp: For six weeks, pitchers work on all aspects of pitching from different grips to basic mechanics. Through a series of drills, pitchers improve upon mechanics and the fundamentals. Working on proper arm action and teaching pitchers how to use their bodies, players will see an increase in power, arm speed, and velocity. ***Each pitcher is required to bring his or her own catcher.*** Pitchers are videoed and evaluated.

The Pitch / Field / Throw / & Catch sessions are designed to teach the 8-12 year olds the fundamentals of the game. Our coaches teach the proper footwork and throwing mechanics it takes to progress as a young player. By learning the basics, youngsters become more comfortable catching a ball and fielding a ball both in practice and a game.

BASEBALL: Sundays, January 11th- February 15th

Ages 8-12:	Session I: Hitting-	12:00 pm-1:00 pm or 1:00 pm-2:00 pm
	Session II: Pitch/Field/Throw/Catch-	12:00 pm-1:00 pm or 1:00 pm-2:00 pm
Ages 13-17:	Session I: Hitting-	2:00 pm- 3:00 pm or 3:00 pm- 4:00 pm
	Session II: Pitching-	2:00 pm- 3:00 pm or 3:00 pm- 4:00 pm

SOFTBALL: Sundays, January 11th- February 15th

Ages 8-12:	Session I: Hitting-	12:00 pm-1:00 pm or 1:00 pm-2:00 pm
	Session II: Pitch/Field/Throw/Catch-	12:00 pm-1:00 pm or 1:00 pm-2:00 pm
Ages 13-17:	Session I: Hitting-	2:00 pm- 3:00 pm or 3:00 pm- 4:00 pm
	Session II: Pitching-	2:00 pm- 3:00 pm or 3:00 pm- 4:00 pm

COST:

1 session- \$125/athlete
2 sessions- \$200/athlete

REGISTRATION IS LIMITED, SO REGISTER EARLY. TO REGISTER OR FOR QUESTIONS, CALL 614-717-9934 OR 614-890-7526

Mannino's Grand Slam USA
6635 Dublin Center Drive
Dublin, OH 43017
614-717-9934 or 614-890-7526
www.grandslaminfo.com

MANNINO'S GRAND SLAM USA REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____
CURRENT GRADE: _____ AGE: _____ POSITION: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE (H): _____ E-MAIL ADDRESS (please print): _____
SCHOOL: _____
PARENT/GUARDIAN NAME(S): _____
PHONE (H): _____ PHONE (W): _____ PHONE (C): _____
E-MAIL ADDRESS (please print): _____

Please provide program you wish to sign up for, including the session(s) and time(s) you wish to attend.

- 1. Check or Money Order payable to Mannino's Grand Slam USA
- 2. Credit Card (Visa or Master Card) Acct. #: _____
Exp. Date: _____ Signature: _____

RETURN PAYMENT WITH COMPLETED REGISTRATION AND LIABILITY WAIVER TO:

Mannino's Grand Slam USA
6635 Dublin Center Dr
Dublin, OH 43017

QUESTIONS: CALL 614.890.7526 or 614.717.9934 OR EMAIL manninosgrandslamusa@gmail.com

IN CASE OF EMERGENCY:

CONTACT: _____ PHONE (H): _____ PHONE (C): _____
FAMILY PHYSICIAN: _____ PHONE: _____

CURRENT MEDICATIONS: _____

DRUG ALLERGIES: _____

PAST MEDICAL HISTORY:

	YES	NO
HAVE YOU HAD A PHYSICAL WITHIN THE LAST YEAR?	_____	_____
HAVE YOU EVER BEEN DENIED PARTICIPATION?	_____	_____
HAVE YOU HAD A MEDICAL ILLNESS OR INJURY SINCE YOUR LAST PHYSICAL?	_____	_____
IF YES, HAVE YOU BEEN CLEARED BY A PHYSICIAN?	_____	_____
DO YOU HAVE ANY ONGOING INJURIES?	_____	_____
DO YOU HAVE ANY ONGOING CHRONIC ILLNESSES?	_____	_____
YOU MUST EXPLAIN ALL "YES" ANSWERS: _____		

PHOTO RELEASE – The undersigned authorizes Mannino's Grand Slam USA to permit the use and display of photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication for Mannino's Grand Slam USA. The undersigned releases and forever discharges Mannino's Grand Slam USA, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images.

Initials _____

We consent to the participation of the above-named athlete. We also agree to emergency medical treatment as deemed necessary by the training and medical staff of Mannino's Grand Slam USA. We have read the information above and verify that it is accurate, complete, and true to the best of our knowledge.

Athlete Signature

Parent or Guardian (if athlete under 18)

Date

Mannino's Grand Slam USA, Inc. Release of Liability Agreement

Welcome to Mannino's Grand Slam USA, Inc. We hope you enjoy participating in the programs we have to offer. Please take a moment to complete the information below. A waiver must be completed for each participant. If a participant is under 18, a parent or guardian must also sign. If you have any questions our staff will be glad to assist you.

Participant Name: _____ Date of Birth: ___/___/___ Gender: ___
Parent/ Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell: (____) _____ - _____
May we send you text messages? Y N If yes, please list Cell Phone Provider: _____
E-mail: _____
School/Travel Team: _____

In consideration of being permitted to use Mannino's Grand Slam USA facilities, I hereby stipulate and agree:

1. Assumption of Risk: I am fully aware that the activities I may undertake at Mannino's Grand Slam USA are hazardous and high risk activities that require strenuous exercise and activity. Participating in these activities involves many physical dangers, and subsequent injury or death may occur as a result thereof. I also realize the dangerous nature of cardiovascular exercise, weight lifting, weight training, aerobics, massage therapy and/or body building, and I am fully aware of the possibility of mechanical and/or other malfunctions of cardiovascular equipment, weight machines, and/or weight machines and apparatus ("equipment"), as well as the possibility of injury or death as a result of the use of such cardiovascular equipment, weight machines, and/or weight and apparatus. Understanding the risks and dangers of participating in all of the foregoing activities while at Mannino's Grand Slam USA, I represent to the best of my knowledge that I have no medical, physical and/or emotional health condition(s) or limitation(s) which would hinder or prevent my active participation in such activities in any way whatsoever.

Therefore, I assume full responsibility for my participation in any of the above programs. I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL SUCH RISKS AND DANGERS, including the risk of injury or death that may be associated with, or result from, my participation in these activities.

Initials _____

2. Release from Liability: I fully agree, for myself and my heirs, to hereby fully and forever discharge and release Mannino's Grand Slam USA from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of any damages, costs, loss of services, expenses and any all claims whatsoever, on account of, or in any way resulting from personal injuries, conscious suffering, death and property damages to myself or to any other person or property, in any way connected with my participation in or attendance of any Mannino's Grand Slam USA activities of whatever sort of nature. I agree that this Release of Liability Agreement shall cover my participation in or attendance of any and all activities sponsored by Mannino's Grand Slam USA including, but not limited to, practice sessions, training sessions, instructional sessions, activities directed by a coach, trainer, or other representative of Mannino's Grand Slam USA and/or promotional activities. This Release of Liability covers all liability claims which may be asserted against Mannino's Grand Slam USA, unless such liability is caused as a result of the negligence of Mannino's Grand Slam USA.

Initials _____

3. Continuation of Obligations: I agree, for myself and my heirs, that the above provisions, including ASSUMPTION OF RISK AND RELEASE FROM LIABILITY shall continue in full force and effect now and at all future times when participant is involved in Mannino's Grand Slam USA activities.

Initials _____

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION. I HAVE HAD THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOICE REVIEW IT WITH ME. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE OF LIABILITY AGREEMENT.

Signature of Participant Date _____
Signature of parent or guardian Date Relationship to minor
(If athlete is under 18)