

Lincoln HS Baseball presents the 3rd Annual "Dead Red" Baseball Skills Clinic



<http://lincolnbasketball.webs.com>

Dead Red (*Baseball Terminology*) = Knowing what's coming and being ready for it!

When: Saturday, January 28th
3-5pm Hitting
5-6pm Pizza
6-8pm Defense

Where: LHS Gymnasium

Cost: \$75 (Make checks payable to *Cardinal Baseball*)

Ages: 9 to 14 year olds (as of 4/30/2012)

What to bring: Bat, Glove, Helmet (optional), Tennis Shoes (no cleats), Water

The Dead Red Baseball Camp is designed to expose and reinforce high-level skills to ball players seeking an edge to their upcoming Spring seasons. Each camper will practice proven techniques through drills and games. Youth coaches are encouraged to take notes and ask questions as part of the camp.

Lincoln Head Baseball Coach Rob Herder and Staff will instruct and run each station and analyze improvement areas. Video will be used during the hitting session, and campers will see first-hand fielding demonstrations by current Varsity level players.

Our goal is for each Lincoln area youth player to receive the best instruction and have the most fun of any baseball clinic they've had an opportunity to experience.

We will have limited space available. Please fill out the lower portion to reserve your spot today. We cannot assure placement for walk-in players. Players will bring their own (labeled) bat and glove along with a pair of tennis shoes. Helmets are optional but recommended.

I have been running baseball camps for 10 years and I think you'll find most players and coaches will leave with a handful of skills to practice and drills to use. Most of all, we want players asking, "when's the next one?"

Educate, Empower, Excel - Rob Herder

-----cut and return-----

Mail to: Cardinal Baseball, 808 NW Skyline Crest Rd., Portland, Oregon 97229

Saturday, January 28th, 2012 Dead Red Baseball Skills Clinic Registration Form

Player name: _____

Age (as of 4/30/2012): _____ T-Shirt Size: YS YM YL Adult sizes: S M L XL

Name of parent/guardian: _____

Address: _____

City State Zip: _____

Phone () _____ Email _____

Emergency contact Phone () _____

Medical consent and release of liability:

I hereby grant permission to Lincoln High Baseball and Staff to have my child treated by a physician, if necessary. He/she is physically fit according to our family physician, and I acknowledge that I am responsible for any and all expenses due to my children's illness or injury. Lincoln High School and Staff will not be held liable.

Signature of parent/guardian: _____

Questions: DeadRedClinic@gmail.com