

STARZ BASEBALL CLINICS

Hitting Clinics / All-Skills Clinics



Starz Baseball Clinics are designed for players of all abilities and will focus on developing strong fundamentals as they lead into their baseball season. **Each clinic is a 5-week session that meets on Saturdays starting on March 8th and ending on April 5th.** Participants can register for multiple clinics. Clinic instructors will be former college players and college or high school coaches with excellent experience in developing players to help them succeed at this great game.

Clinic Location: **Arena Club Sports Academy**
3036 Churchville Road
Churchville, MD 21028

HITTING CLINIC

AGES: 6 - 9 year olds

DATES: 5 Saturdays 3/8 - 4/5

TIMES: 12:00pm - 12:55pm

PRICE: \$109 Member
 \$139 Non Mem

FOCUS: Swing mechanics will be developed through unique drills that will progress each week.

HITTING CLINIC

AGES: 10 - 14 year olds

DATES: 5 Saturdays 3/8 - 4/5

TIMES: 1:00pm - 1:55pm

PRICE: \$109 Member
 \$139 Non Mem

FOCUS: Swing mechanics will be developed through unique drills that will progress each week.

BASEBALL ALL-SKILLS CLINIC

AGES: 8 - 12 year olds

DATES: 5 Saturdays 3/8 - 4/5

TIMES: 2:15pm - 4:00pm

PRICE: \$149 Member
 \$189 Non Mem

FOCUS: Each week will consist of stations to cover proper hitting, throwing, & fielding fundamentals as well as other aspects of the game.

410-734-7300

www.thearenaclub.com



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ **DATE(S) OF PROGRAM:** _____

PARTICIPANT'S NAME: _____ **MEMBER:** **Y** **N**

AGE: _____ **DOB:** ____/____/____ **MALE or FEMALE:** _____

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **CELL #** _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT: _____ **TYPE:** _____ **TOTAL AMOUNT:** _____ **DATE PAID:** _____

VISA / MC # _____ **EXP:** _____

FOR OFFICE USE ONLY:

Staple Receipt Here
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