



Connecticut Baseball School Presents:  
**Summer Prospect School & Instructional Clinic**  
At The  
**UNIVERSITY OF CONNECTICUT**



### Session I :

**When:** June 18, 2011  
1 Day Event (Sat)  
Rain Date Sunday, June 19, 2011

**Where:** University of Connecticut, Storrs Campus / Historic J.O. Christian Field  
Registration will begin at 8:15 am for Session I at J.O. Christian Field.  
Session will get underway at 9:00 am.

**What to bring:** Sneakers or turfs, cleats, baseball pants, glove, bat, undershirt, appropriate baseball gear.

**Who:** Restricted to high school student - athletes age 14-18. Also, junior college athletes who have completed their 1<sup>st</sup> academic year are eligible. Call 860-818-5153, or email [getoffthebench@hotmail.com](mailto:getoffthebench@hotmail.com) and confirm enrollment now!

**Exposure:** This is a **prospect school / clinic**. You will be exposed to several programs in the region.

**Objective:** To provide student-athletes quality instruction in areas of pitching, catching, hitting, infield/outfield play as well and a professional style work out.

**Also Featuring:** NCAA recruiting rules and academic symposium  
Baseball specific Strength/Conditioning seminar

**Staff:** Connecticut Head Coach Jim Penders, Assistant Coaches Justin Blood, Chris Podeszwa, Steve Malinowski, and other college coaches.

**Application Process:** These clinics are run on a first come, first served basis and are usually capped and have a waiting list. Refund policy: request for refunds must be in writing and sent 30 days prior to each session. Thank you.

**Cost:** **\$175.00\***  
Includes Connecticut Baseball School Tee Shirt  
\* Cost is non-refundable unless notified in writing prior to May 20, 2011

### Session II:

**When:** August 27-28<sup>th</sup> 2011  
2 Day Event (Sat / Sun)

**Where:** University of Connecticut, Storrs Campus / Historic J.O. Christian Field

**What to bring:** Sneakers or turfs, cleats, baseball pants, glove, bat, undershirt, appropriate gear. **Lunch will be provided by CBS on Saturday only.**

**Who:** Restricted to high school student - athletes age 14-18. Also, junior college athletes who have completed their 1<sup>st</sup> academic year are eligible. Call 860-818-5153, or email [getoffthebench@hotmail.com](mailto:getoffthebench@hotmail.com) and confirm enrollment now!

**Exposure:** This is a **prospect school / clinic**. You will be exposed to several programs in the region.

**Structure:** **Day one** will consist of a pro-style workout, position instruction, and live games. **Day two** will consist of games and instruction. Each participant will have the opportunity to showcase their skills in the pro-style workout as well as during the games in which each attendee will participate. You will see the most playing time at your primary position and primary pitchers are **not guaranteed** at bats in game play.

Registration will begin at 8:15 am for Sessions II at J.O. Christian Field.  
Session will get underway at 9:00 am.

**Also Featuring:** NCAA recruiting rules and academic symposium  
Baseball-specific strength/conditioning seminar

**Staff:** Connecticut Head Coach Jim Penders, Assistant Coaches Justin Blood, Chris Podeszwa, Steve Malinowski, and other college coaches.

**Application Process:** These clinics are run on a first come, first served basis and are usually capped and have a waiting list. Refund policy: request for refunds must be in writing and sent 30 days prior to each session. Thank you.

**Cost:** **\$295.00\***  
Includes lunch on Saturday and a Connecticut Baseball School Tee Shirt  
\* Cost is non-refundable unless notified in writing prior to July 29, 2011

**FOOD/HOUSING/TRANSPORTATION -**

No Lunch will be provided for Session I

All attendees will receive a lunch on Saturday but none on Sunday. (Session II)

All attendees are responsible for their own housing.

There will be **NO HOUSING provided on campus**. (See below for a list of local hotels.)

All attendees are responsible for their own transportation to and from campus.

**AIRPORT OPTIONS:**

**Hartford, CT - 40 minutes from campus**

**Providence, RI - 1 hour 15 minutes**

**Boston, MA - 1 hour 30 minutes**

**New York, NY (JFK) - 2 hours 30 minutes**

**New York, NY (LaGuardia) - 2 hours 30 minutes**

**HOTEL OPTIONS -**

**Nathan Hale Inn** (On Campus), Storrs, CT (860) 427-7888

**Best Western** (6 miles from campus), Mansfield, CT (860) 423-8451

**Holiday Inn Express** (15 miles from campus), Vernon, CT (860) 648-2000

**Quality Inn** (16 miles from campus), Vernon, CT (860) 646-5700

**Courtyard by Marriott** ( 18 miles from campus), Manchester, CT (860) 533-8484

**Fairfield Inn and Suites** ( 18 miles from campus), Manchester, CT (860) 648-9796

***2011 - Summer Prospect School & Instructional Clinic***

***Application*** (Please Print)

**SESSION I**

**SESSION II**

**(PLEASE CIRCLE)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Parent Email: \_\_\_\_\_

GPA/SAT's (if taken): \_\_\_\_\_ High School: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

Primary Position: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ B/T: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please make check or money order payable to:**

**Connecticut Baseball School**

**P.O. Box 166**

**Storrs, CT 06268**

Parental Consent Form:

The above-named applicant is in good health and has my permission to participate in this program. In addition, I authorize the Connecticut Baseball School staff to act for me in securing medical treatment for the above named applicant in the event of injury or sickness. This registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending the Connecticut Baseball School, its ownership, and staff from any and all liability. The undersigned also permits any pictures taken of the applicant to be used by the School in future clinic brochures or literature.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_