

# Jim Penders Pre-Season Team Fundamentals Clinic

**When:** Saturday February 11, 2012

**Time:** 8:30am-11:30am, Registration begins at 8:00am

**Where:**-University of Connecticut main campus, Storrs CT  
-University of Connecticut Indoor Batting and Pitching Facility  
-Mark R. Shenkman Training Center

**Who:** For high school teams and coaches

**Goal:** The goal of the Jim Penders Team Fundamentals Clinic is to provide high school coaches and players a chance to get quality pre-season work in with the aid of the UConn coaching staff. The Husky Baseball curriculum will be featured in a condensed format. Attendees will actively engage in drills and quality repetitions to best prepare for the high school season. Team and individual skills will be taught.

**Offense-** Hitting mentality talk, tee drills, front toss drills, small ball execution drills, beneficial batting practice format, and base-running skills

**Pitching-** Proper throwing lead-ups, proper bullpen work, work without a catcher, flat ground or mound work, arm care drills, and pitching mentality talk

**Catching-** Intangibles, receiving skills, blocking skills, throwing footwork, force plays, tag plays, bunt defense, pop ups, and handling your pitching staff

**Infield Play-** pick drill series, proper footwork, double play turns and feeds, pre-pitch setup, and infielder mentality talk

**Outfield Play-** Pre-pitch setup, footwork drills, throwing footwork (crow hop work, quick release work), communication drills, and understanding what it takes to be a great outfielder

**Team Defense-** Cuts and relays, bunt defense, proper execution for run downs, and 1<sup>st</sup> and 3<sup>rd</sup> defense

**Cost:** \$60 per player

**For more information go to [www.getoffthebench.com](http://www.getoffthebench.com) or call 203-499-9193**

\*\*Registration will be limited to 120 players to ensure quality instruction and observation takes place at the clinic. Please register your team by Monday February 6<sup>th</sup>

## Registration Form

Name: \_\_\_\_\_ High School: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
Parent's Names: \_\_\_\_\_ GPA/SAT's (if taken): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grad. Year: \_\_\_\_\_ B/T: \_\_\_\_\_  
Primary Position: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
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: \_\_\_\_\_