



2009 Winter Youth Baseball Clinic



**San Mateo National
Little League**

**Hillsdale High School
Knights**

A JOINT FUNDRAISER FOR THE SMNLL AND THE HILLSDALE HIGH SCHOOL BASEBALL TEAM!

Hillsdale High School & San Mateo National are teaming up and providing an all day baseball clinic.

This is an opportunity for your little leaguer to be instructed in the fundamentals of baseball.

The knowledge and instructions taught to your little leaguer will prepare them for tryouts and for their season.

Lunch, T-Shirt and Skills Handbook will be provided for all players.

All players will be instructed by Hillsdale High coaches and HS Players

Where: **TBD** in San Mateo

Dates: **Saturday, December 5th 2009 (7-9 Year Olds)**

Saturday, December 12, 2009 (10-12 Year Olds)

Morning Session: Infield, Outfield, Throwing and Hitting

December 5 (7-9 Year Olds)

<u>Infield</u>	<u>Outfield</u>	<u>Throwing</u>	<u>Hitting</u>
Stay in Front	Two Hands	Step To Target	Hands Together
Glove on Ground	Judging Fly Balls	Rotate Shoulders	Balance Stance
Proper Form	Foot Work	Follow Through	Pivot

December 12 (10-12 Year Olds)

<u>Infield</u>	<u>Outfield</u>	<u>Throwing</u>	<u>Hitting</u>
Rounding Ball	Drop Steps	4 Seams	Using Hips
Back Hands	Curl Hops	Through Target	Staying Inside
Transfers	Transfers	Square Shoulders	Balance

Afternoon Session Both Dates: Bullpen Sessions and Game Action to Put Your Skills to Work!

<u>Pitchers</u>	<u>Catchers</u>
Body Mechanics	Blocking
Release Points	Receiving
Fielding Your Position	Throwing to Bases

All Day Session (8:30am to 3:00PM) is only \$90
And includes Lunch, T-Shirt, Skills Handbook and
an unforgettable day with HHS Players and Coaches

Please Mail Check to:
San Mateo National Little League
P. O. Box 5188
San Mateo, CA 94402

Please be sure to include the Medical Release!

Parent Name: _____
Player Name: _____
Dec 5 (Ages 7-9) ____ Dec 12 (Ages 10-12) ____
Phone Number: _____
Email: _____
Paid: _____
Check #: _____



2009 Winter Youth Baseball Clinic



**San Mateo National
Little League**

**Hillsdale High School
Knights**

2009 WINTER CLINIC MEDICAL RELEASE

The parent/legal guardian of _____ (player):

- 1) Authorizes the manager or coach to transport player to the hospital and obtain treatment of the injury, and
- 2) Agrees that in the event of any injury sustained by player requiring medical attention while participating in San Mateo National Little League Winter Clinic will assign all expenses to the below medical insurance carrier, with the understanding that all costs not covered by said company will be paid by Little League insurance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT'S EMPLOYER _____

INSURANCE CARRIER _____ POLICY NUMBER _____

FAMILY DOCTOR _____ PHONE NUMBER _____

FAMILY DENTIST _____ PHONE NUMBER _____

PLAYER'S STREET ADDRESS _____ PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

PARENT'S E-MAIL ADDRESS _____

Does the player have a medical or emotional condition that you think the team manager should know about? _____
