



PLAY BALL
INDOOR BASEBALL / SOFTBALL TRAINING

Play Ball's Spring Training Program Riverside Bradford Baseball

Play Ball in Salem, NH is offering an 8 week Spring Training Program for Riverside Bradford Baseball League. Players will be trained in the areas of throwing, fielding, hitting and all other key skill areas.

Get trained by the pros!

Play Ball's staff of current and former pro's will run the program. Our staff is by far the best and most experienced in the area. We offer over 20 years of professional experience!

Dean Borrelli (8 yrs pro - Oakland A's/Texas Rangers)

Allen Mottram (5 years pro - Arizona Diamond backs)

Mike Chambers (3 years pro - Boston Red Sox)

Chris Mosher (Springfield College)

Alex Szymanski (Franklin Pierce College)

Details: 8 week program on Fridays or Sundays

(Friday Session starts Jan. 29th and ends March 19th)

(Sunday Session starts Jan. 31st and ends on March 21st)

Players can only attend the day they signed up for

Times: Fridays: 5-8 year olds (6:30-7:30pm) 9-13 year olds (7:30-8:30pm)

Sundays: 5-8 year olds (2-3pm) 9-13 year olds (3-4pm)

Players will be separated into appropriate age groups.

Cost: \$40

To sign up call 603-898-0332 or mail \$40 with registration form to
Play Ball, 16 Industrial Way, Salem, NH 03079

Directions to Play Ball, 93N to exit 2. Left off exit. Right onto Manor Parkway. Left on Industrial Way. Last building on the left #16.



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Clinic Registration Form

Name _____

Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Relation _____ Other# _____

I hereby release Play Ball LLC from any and all claims and liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and able to participate in all activities. If any attention is required for illness or injury, I give permission to a Play Ball staff member for such care. I understand that Play Ball will attempt to make up for lost time due to closure resulting from bad weather, however, if time cannot be made up, I understand no refund will be provided. I have read and understand the above.

Health problems/medication _____

Family Doctor _____

Signature of parent or guardian _____

Date _____

Clinic Type _____