



2010 Baseball Summer Clinics



SESSION I: June 28 - July 1
SESSION II: July 12 - July 15
For children ages 6-12

Clinics are held at the Cushing Field Complex at UMass Lowell's North Campus and run daily from 9am-3pm. Stay until 3:30 pm and swim in the Costello Pool!

All Campers receive high level instruction from the UMass Lowell coaching staff and student-athletes , personalized player evaluations, a camp t-shirt, and much more!

For more information call 978-934-2344 or e-mail kenneth_harring@uml.edu



Clinic Director
Head Coach Ken Harring

Ken Harring enters his sixth season as head coach of the UMass Lowell baseball program and has guided the River Hawks to three straight NCAA Tournament bids (2005-07) and a five-year record of 149-99, an average of nearly 30 wins per season. Harring steered the 2009 squad to a 25-21

record and the Northeast-10 Tournament semifinals. Under his watch, six River Hawks were named to the NE-10 All-Star Team & Jack Leathersich claimed the NE-10 Freshman Pitcher of the Year.

Daily Schedule

9:00 am	Registration/Attendance
9:15 am	Warm-up
9:30 am	Stations: Hitting, Fielding Throwing, Pitching, Base-running
11:00 am	Team Drills, Competitions, Extra work at Favorite Positions
12:00 pm	Lunch, Review of Morning
12:45 pm	Games
3:00 pm	Dismissal/Swimming (optional)
3:30 pm	Dismissal

UMass Lowell Baseball Clinics

Please register me for:

- SESSION I: June 28 - July 1 \$180
- SESSION II: July 12 - July 15 \$180

Children from the same family may apply a \$10 discount per child

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Age _____ Grade (entering Fall 10) _____

Please return registration with payment to Coach Ken Harring
UMass Lowell Baseball, One University Ave, Lowell, MA 01854

Insurance Co. _____

Policy # _____

Subscriber's Name _____

Phone Number _____

Preauthorization required by insurance co? Yes No

The clinic assumes no responsibility for accidents and medical and/or dental expenses incurred as a result of participation in this sports clinic. All participants must submit insurance information to be admitted. In case of emergency, I authorize the clinic staff to arrange the necessary medical treatment for my child.

Signature _____

Date _____ Emergency Phone _____