



NEXT LEVEL SPORTS™

10TH ANNUAL

MIDDLE-INFIELD BASEBALL CLINIC

AT CYPRESS COLLEGE



Monday December 28th

Tuesday December 29th

Wednesday December 30th

9:30am – 12:30pm

Cypress College Baseball Field 9200 Valley View Cypress, CA 90630 (Field is located in the northeast corner of the Cypress College Campus)

AGES: High School Players who have Demonstrated an Ability to Play the Middle-Infield (*Space is Limited*)

COST: \$180 Per Player

Please Make Checks Payable to: *Next Level*



SKILLS TO BE TAUGHT

In order to cover the skills listed below, this winter session will be strictly a defensive clinic.

- ◆ Making the Routine Play
- ◆ Increasing Range/Diving
- ◆ Quick Hands
- ◆ Turning the Double-Play
- ◆ Backhand/Forehand
- ◆ First-Step Quickness
- ◆ Arm Strength/Accuracy
- ◆ Run Downs
- ◆ Cuts and Relays
- ◆ Holding/Picking Runners
- ◆ Pre-pitch Preparation
- ◆ Tag Plays

CLINIC DIRECTORS



Jeff Pickler

- ◆ Former Assistant Coach; University of Arizona
- ◆ Former Scout; Arizona Diamondbacks Organization
- ◆ 12 Years Pro Baseball Experience (MIL, TEX, COL, ARI)

Dave Malpass

- ◆ Professional Scout; Cleveland Indians Organization
- ◆ Former Infield Instructor; Montreal Expos Organization
- ◆ Former Assistant Coach; Long Beach State University



REGISTRATION INFORMATION

Players may Reserve a Roster Spot **PRIOR TO DECEMBER 17th** in the Following Ways: (The roster spot is guaranteed once waiver and payment are received.)

Mail: **6414 E. Hollyoak Dr. Orange, CA 92867**

Email: **info@nextlevellineups.com**

Phone: **(714) 504-3905**

Player's Name	Age	High School	Parents' Names	Phone	Email Address
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I HEREBY AUTHORIZE THE STAFF OF THE NEXT LEVEL BASEBALL CLINIC TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. IN ADDITION, I HEREBY WAIVE AND RELEASE THE CLINIC FROM ANY AND ALL LIABILITY FOR ANY INJURY OR ILLNESS INCURRED WHILE AT THE CLINIC. I HAVE NO KNOWLEDGE OF A PHYSICAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE ABOVE PLAYER'S PARTICIPATION IN THE CLINIC PROGRAM.

Signature of Parent or Guardian: _____

Date: _____