

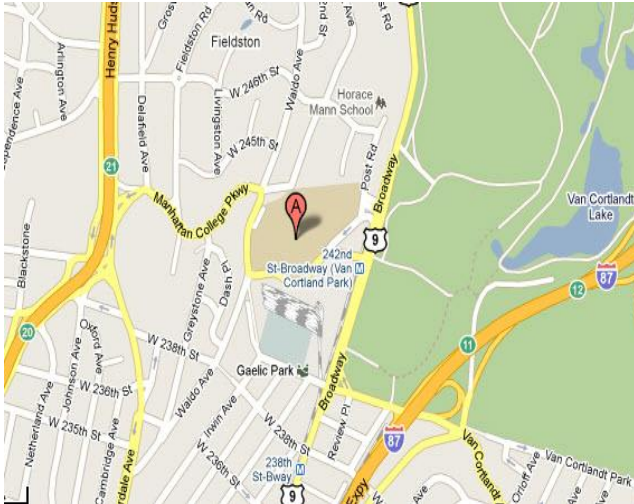
# Important Information

## Clinic Location:

Draddy Gym: On the campus of Manhattan College.  
4513 Manhattan College Parkway, Riverdale, NY 10471.

## Equipment

Campers should wear proper baseball attire (baseball pants, shirt and hat). Campers must bring their own gloves and bats. Catchers should bring their own catcher's equipment.



Draddy Gym – 4513 Manhattan College Pkwy,  
Riverdale, NY 10471

Kevin Leighton Baseball Camps  
4513 Manhattan College Pkwy.  
Riverdale, NY 10471



Kevin Leighton Baseball Camp  
Presents  
"Winter Prospect Clinic"  
1/16 at Manhattan College



The Prospect Clinic is open to  
graduating seniors of the 2011,  
2012, & 2013 classes.

Date: January 16<sup>th</sup> 2011  
Time: 9am-11:30am (IF/OF)  
11am-2:30pm (P/C)  
Cost: \$100.00

## Clinic Objective

Kevin Leighton Baseball Camps will be conducting an instructional prospect clinic for players graduating in the spring of 2011, 2012, & 2013. All players will receive quality instruction from Manhattan College coaches. Prospects will have a great opportunity to showcase their abilities in skill work sessions. Prospects will be placed by position allowing each player to showcase their baseball skills.

## Schedule (INF/OF)

**Clinic limited to 50 Players ONLY**

8:45-9:00	Infielder / Outfielder Registration
9:00-9:15	Stretch
9:15-9:30	60 yard dash
9:30-10:10	IF's Defensive Skills OF's Offensive Skills
10:10-10:50	IF's Offensive Skills OF's Defensive Skills
10:50-11:00	Breakdown
11:00-11:30	Campus Tour

## Schedule (P/C)

**Clinic limited to 35 Pitchers and 15 Catchers ONLY**

11:00-11:15	Pitcher / Catcher Registration
11:15-11:30	Stretch
11:30-12:00	C's Defensive Skills P's Campus Tour
12:00-12:40	C's Offensive Skills P's Mechanics/Grip/Toss/Light PFP's
12:40-2:00	Bullpens (15-20 pitches)
2:00-2:30	C's Campus Tour

**Timing may vary due to amount of prospects.**

## Registration Form

Please Complete form and return with check for **\$100.00** made out to **Kevin Leighton Baseball Camp** to:  
**Manhattan College Baseball  
Prospect Clinic  
4513 Manhattan College Pkwy.  
Riverdale, NY 10471**

Player's Name:	Bats / Throws:	Shirt Size:	
Primary Pos:	High School:	Yr. of Grad.:	
Home Address:	City:	State:	Zip:
Phone:	Email Address:		
Mothers Name:	Fathers Name:		

PARTICIPATION WAIVER & MEDICAL RELEASE- *Please read and sign:*

*In consideration of the acceptance of my child's participation and involvement with Kevin Leighton Baseball Camp, I hereby, for myself and child, our heirs, executors, release Kevin Leighton Baseball Camp, his coaches, agents and employees, from any and all injuries or illness sustained or incurred by my child as a result of his/her involvement in, participation of any or all associated activities. By executing this document, I hereby assume, on behalf of my child, all risk or injury or loss to which he/she may be exposed. I acknowledge that I have read and fully understand this waiver.*

Name of Parent/Guardian (please print):

Signature of Parent/Guardian:

Date:

**Make Checks Payable to Kevin Leighton Baseball Camp**



Refunds will only be issued if given 14 days prior notice of clinic date. Future clinic credit will be given if cancellation occurs under the 14 day deadline.