



Former Major Leaguer Bill Krueger
Presents
Two Pro Pitching Camps



"I look forward to showing you the secrets about pitching that I have learned over my years in the Major Leagues and to help you get a edge for your future in baseball" **Bill Krueger. Former 13 Year Major Leaguer**

PLAYERS RECEIVE

- 6 hours of pro instruction
- Position specific training
- Autographs
- Drill Training
- Skill Challenges

CAMP FEATURES

- All Mechanics of Pitching
- Different Pitches, Rotations
- Help with location and set up
- Mental Side of Pitching
- Pro Drills and Skills
- Long Toss Program
- + much, much more

WHAT SHOULD I BRING TO CAMP?

Players should wear baseball pants, and a baseball cap, tennis shoes for inside, **NO CLEATS IF INSIDE**, and a baseball glove.

Remember to bring some water!

Camp Details:

Pro Pitching Camp #1

Dates: Feb 28 and March 1st, 2009

Ages: 8-14

Times: 1:30pm to 4:30pm Daily

Gym: Snoqualmie Middle School Gym

Address:

9200 Railroad Ave SE
Snoqualmie, WA 98065

Cost: \$99 per player *\$125 after Feb 20

Pre-registration is required

CAMP DESCRIPTION

Can you say opportunity! Spend the weekend with a 13 year Major Leaguer Pitcher. Learn all the secrets he learned in the pros today and get the correct mechanics now. Don't miss out!

Bill Krueger:

- 13 Year Major Leaguer
- Member of 1998 World Series Champions LA Dodgers
- Currently FOX Sports Net Northwest & Other Ratio Stations

- **+ Other Professional Instructors**

Sign Up Online at www.kruegerbaseball.com
Or call us at 425-770-3028

Krueger Registration Form

Two ways to register: (Camp refund Insurance Optional \$10.00)

1. **Online at www.kruegerbaseball.com**

3. **Complete form, make out check to ABC, mail to:**

ABC 3020 ISSQ Pine Lake Rd #12 Sammamish, WA 98075

E-MAIL ADDRESS _____

Player's Name _____ Sex _____ Age _____ Height _____ Weight _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Emergency Contact _____ Emergency Contact Phone (____) _____

Health/Medical Information

If player should be restricted from any activity, please note: _____

Please identify any medical or physical conditions or history that would require special attention.

CONSENT AND WAIVER: The Undersigned hereby authorizes directors, coaches, staff and associates of Krueger Baseball (which is herein referred to as KB), to provide baseball/softball instruction to my son/daughter. I certify that my child is physically able to participate in this camp. The undersigned understands that KB, its directors, members, coaches, staff and associates will not administer physical examinations and will rely solely upon the information shown on this form.

The undersigned further understands and acknowledges that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that severe social and economic losses may result not only from his or her own actions, inactions, or negligence but from the actions, inactions or negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. The undersigned knowingly and voluntarily assumes all such risk of injury and hereby voluntarily and forever releases, holds harmless, discharges, waives and relinquishes any and all actions, causes of action, or claims for personal injury or wrongful death occurring to his/her son/daughter, against KB, its directors, members, coaches, staff, associates, affiliates, sponsors, and, if applicable, owners and lessors/lessees of the premises used to conduct the event, arising out of his/her use of equipment and facilities or instruction received during the camp.

The undersigned authorizes directors, members, coaches, staff and associates of KB to act on my behalf according to their best judgment in any emergency requiring medical attention and gives permission for the named player to receive emergency medical treatment or hospitalization if necessary. Further, the undersigned agrees to be financially responsible for any medical attention needed during the camp or resulting from an injury received at the camp. The undersigned's medical insurance shall be the insurance coverage for any medical treatment.

Parent or Legal Guardian: (Print Name) _____ Date _____

Signature _____

Payment Information: Method of payment (check one) Visa _____ MasterCard _____ Check _____

Payment amount: **\$99.00 each (add \$10 for camp refund Insurance)**
\$125 after Feb 20

If applicable, Credit Card # _____ Expiration _____ Total Charged _____

Name as it appears on the card (Please Print) _____

Authorizing signature _____ Date _____

Optional Refund Policy: Our "peace of mind" policy. Life sometimes throws us curves we don't expect. To field those curves, KB offers our camp families Refund Insurance for a nominal \$10. Due at the time of registration, Refund Insurance entitles you to a full refund of camp fees should you cancel your camp registration more than 7 days prior to the start of your session. If you cancel within 7 days of your registered session, we will give you a camp credit for all monies paid, valid for three years of camp date. Credit with insurance is transferable to family member or friend, and good toward all KB Camps.