

# TRUE GAMERZ

PRO BASEBALL INSTRUCTORS & ATHLETIC APPAREL  
PRESENTS



**A COMPLETE SPECTRUM OF ALL PERTINENT BASEBALL  
FUNDAMENTALS, INCLUDING:  
PROPER HITTING AND PITCHING MECHANICS, FIELDING,  
BASERUNNING AND SITUATIONAL PLAY.**

**DATE: JANUARY 26-27 TIME: 10:00AM - 3:00PM**  
**LOCATION: ALTA VISTA PARK**

**ONLY \$125  
PER PLAYER**

**AGES: PINTO - PONY**

**FREE T-SHIRT  
& EVALUATION**

## INSTRUCTORS:

*John Lockhart* *Marco Estrada* *Kevin Estrada* *Robi Estrada* *Shane Schumaker*  
St. Louis Cardinal Former Seattle Mariner Former St. Louis Cardinals Former Tampa Bay Rays Current LMU Coach Former Pro

Detach and turn in at registration. For more info contact [www.redondosunsetclinics.com](http://www.redondosunsetclinics.com)

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Player division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Email: \_\_\_\_\_

**Read, Sign & Date:** *This form must be signed by a parent or guardian to qualify for participation.*  
I hereby release the clinic staff, independent contractors, Redondo Sunset baseball and the city from any loss, damages or personal injuries as a result of participation. I do hereby give my permission for a qualified physician, and/or hospital emergency room to administer necessary health care in the case of an accident and/or emergency. Each participant must be covered by his/her parents medical insurance before participating in any clinic activities. This clinic is not responsible for medical, dental or other expenses resulting in an accident. I acknowledge that injuries and accidents can occur during clinic activities and I give my child permission to participate in the clinic.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_