

INSTRUCTORS

JIM CLEM

COACHING BIO:

Bellingham Bells Pitching Coach (2011-present), Head Baseball Coach at Burlington-Edison High School (79-06), Fifteen State Tournaments, High School Record (W481-L212), Inducted into Washington State Coaches Association Hall of Fame (93), Washington State Baseball Coach of the Year 2006, National High School Baseball Coaches Association. Coach of the Year for Washington State 2006, at retirement, ranked 9th all-time on "most wins" list in history of Washington State high school baseball coaches.

GARY HATCH

COACHING BIO:

Bellingham Bells Head Coach (2011-present), Head Baseball Coach at Sehome HS (1980-present), State Champions (1998, 2007, 2008), High School Record (492-246-2 66.5%), Asst. Baseball Coach at Sehome HS (73-79). Washington State Baseball Coach of the Year (98), NWC Baseball Coach of the Year (07&10). Baseball Coaches of America (BCA) District 8 Coach of the Year (07), inducted into the Washington State Baseball Coaches Hall of Fame (93), Ranked 8th all-time on "most wins" list in history of Washington State high school baseball coaches. Bellingham Sports Person of the Year (83), USA Baseball - Youth National Team World Champions (Head Coach 2007 & Pitching Coordinator 2006).

BILL CALKINS

COACHING BIO:

Bellingham Bells Asst Coach (2011-present), Varsity Asst Baseball Coach at B-EHS (00-09), Asst Coach for Burlington Sox Junior AA Legion (00-09). WA American Legion Baseball Area 1 Senior Commissioner (01-present), Varsity Asst Baseball Coach at Sedro-Woolley HS (98), Asst Baseball Coach for Sedro-Woolley Junior Legion (97), SWJL Head Baseball Coach (98), Director of NWBI Summer Baseball Camps (03-present), NWBI (03-present).



Featuring WA STATE Hall of Fame Coaches

HOF Advanced Pitching Clinic

with Jim Clem & Gary Hatch

Train on Mondays and Thursdays with two of the very best baseball clinicians in the game today. Mondays and Thursdays (13-18yo). Eight (8) hours of intense, carefully supervised, live instruction, seventy-five minutes per day. Program designed to prepare, train and develop the "serious" pitcher for their upcoming season. Increase pitching velocity, command, control and accuracy. Arm-care program is based on the popularity of strength and conditioning for pitching, we are looking to develop our athletes with usable strength and flexibility to support their mechanics and pitch totals. Every player will be mentored on exercise protocols that are cross-specific for pitching.

DATES: Feb 6, 9, 13, 16, 20, 23

TIMES: Mondays & Thursdays 6:00 - 7:15 PM

PLACE: Janicki Fieldhouse, 1155 Cook Road, Sedro-Woolley, WA 98284

COST: \$225 **COST FOR BOTH CLINICS:** \$400

HOF Advanced Hitting Clinic

with Jim Clem & Gary Hatch

Train on Mondays and Thursdays with two of the very best baseball clinicians in the game today. Mondays and Thursdays (13-18yo). Eight (8) hours of intense, carefully supervised, live instruction, seventy-five minutes per day. Program designed to prepare, train and develop the "serious" hitter for their upcoming season. Increase bat control, bat speed, visual acuity, learn to "hunt" your pitch and stay on time. Video analysis.

DATES: Feb 6, 9, 13, 16, 20, 23

TIMES: Mondays & Thursdays 7:15-8:30 PM

PLACE: Janicki Fieldhouse, 1155 Cook Road, Sedro-Woolley, WA 98284

COST: \$225 **COST FOR BOTH CLINICS:** \$400

REGISTRATION PROCESS: (complete registration form on p2)

- **Deposit of \$100** and the **signed registration form** is due to hold a spot and remaining payments **will be due** on February 6th.
- **FIRST COME - FIRST SERVED ~ MUST PAY DEPOSIT TO RESERVE SPOT**

CONTACT US: HOF CAMPS & CLINICS
360-391-3438 HallofFameCamps@gmail.com

REGISTRATION FORM

HOF Advanced Pitching _____

HOF Advanced Hitting _____

\$225 for each clinic

\$400 for both clinics

Player's Full Name: _____

DOB: _____

Baseball Experience (yrs): _____

Name of High School: _____

Grade Level: _____

IMPORTANT: Please provide the name of the High School that your son is currently attending or will attend in the future.

Parent(s) / Guardian(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____ * Cell: _____

* E-mail (home): _____

* E-mail (business): _____

Emergency Contact Person: _____

Emergency Phone: _____

Parent's Medical Insurance Co. _____

Insurance Policy #: _____

Family Physician & Phone #: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Hall of Fame Camps & Clinics (HOF), American Legion Baseball (ALB), Northwest Baseball Institute (NWBI), Northwest Fastpitch Academy (NFA), Bellingham Bells Camps related events and activities, the undersigned:

- 1. Agree that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.*
- 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.*
- 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.*
- 4. Covenant not to sue, and release, waive and discharge HOF, ALB, NWBI, NFA, Bellingham Baseball Club, LLC, Sandlot Ventures, LLC, the Bellingham Bells and all individuals and entities affiliated with these two Limited Liability Companies in any way, West Coast League, NWBI, American Legion Baseball, Anacortes, Bellingham, Burlington, Mount Vernon, Sedro-Woolley and Skagit County Parks & Recreation Departments, Cities of Anacortes, Bellingham, Burlington, Mount Vernon, Sedro-Woolley and all of the respective administrators, directors, agents, and other employees of these organizations, other members/participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages of any kind on account of any injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.*
- 5. I hereby authorize HOF, ALB, NWBI, NFA & BELLS CAMPS to videotape my child(ren) for baseball instructional and promotional purposes only. I have read this statement and my payment and/or signature below verifies mine and my child's acceptance of these conditions.*

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY

**Make checks payable and remit to:
HOF, PO Box 289, Burlington, WA 98233**

Parent/Guardian (please print)

Signature (please sign)