



ANNIE GOGICH CATCHING CLINIC

12 SESSIONS

Quality Instruction
Catching Fundamentals
Repetition and Feedback
Conditioning

Location: Turf Training Center 2 (TT2) 8880 48 Ave, Edmonton

Times – 8 – 8:45pm, 8:45-9:30 pm

Dates:

January 4, 11, 18, 25

February 1, 8, 15, 22

March 1, 8, 15, 22

April 1, 8, 15, 22

anniegogich@gmail.com

Catching Clinic Registration:

All Participants must provide their own catching equipment.

Cost - \$350

Athletes Name / Age:

Session (Check all that apply)

_____ 8:00pm – 8:45pm

_____ 8:45pm – 9:30pm

Years of Playing experience _____

Name of Team Coach _____

Parent/Guardian Name: _____

Phone Number: _____

Parent/Guardian email: _____

Medical Conditions: _____

Emergency Contact: _____

Medical Release: I hereby certify that my daughter is in good physical health and may participate in all clinic activities. I authorize the instructor of this clinic to act for me in accordance with their best judgement in any emergency requiring medical attention and I hereby waive and release the Clinic and Instructor(s) from any and all liability injuries incurred while at the clinic.

Parent/Guardian Signature: _____ Date: _____



PETER GOGICH HITTING CLINIC

12 SESSIONS

Quality Instruction
Developmental Hitting
Beginner to Elite
Repetition and Feedback
Vision Training – Mental approach

Location: Turf Training Center 3 (TT3) 4833 – 89 Street, Edmonton

Times – 8 – 8:45pm, 8:45-9:30 pm

Dates:

January 4, 11, 18, 25

February 8, 15, 22

March 1, 8, 15, 22

April 1, 8, 15, 22

petergogich@gmail.com

Hitting Clinic Registration:

All Participants must provide their own Batting Tees.

Cost - \$350

Athletes Name / Age:

Session (Check all that apply)

_____ 8:00pm – 8:45pm

_____ 8:45pm – 9:30pm

Years of Playing experience _____ Name of Team Coach _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian email: _____

Medical Conditions: _____

Emergency Contact: _____

Medical Release: I hereby certify that my daughter is in good physical health and may participate in all clinic activities. I authorize the instructor of this clinic to act for me in accordance with their best judgement in any emergency requiring medical attention and I hereby waive and release the Clinic and Instructor(s) from any and all liability injuries incurred while at the clinic.

Parent/Guardian Signature: _____ Date: _____