

# HOLIDAY BASEBALL/SOFTBALL CLINIC

Thursday and Friday - December 26,27, 2024

12:00pm-4:00pm

Location: Our Lady of the Angels School

Boys and Girls, Ages 7-14

Cost: **\$95.00**

5-Week Saturday Clinic - January 11,18,25 February 1, 8, 2025

Time 12:00 - 2:30pm

Cost: \$115.00

*Sign up for both clinics today for only \$160.00*

*Save \$50.00*

*It's never too early to start working on your game.*

**Sign up A.S.A.P to reserve your spot. Great Holiday gift.**

John Milewski, PE Teacher / Clinic Director - 508-873-5554

Work with WOOSOX Team during pre-game workouts and Batting Practice

35+ years of coaching college, high school, AAU and youth baseball

[john.milewski@ourladyoftheangels.us](mailto:john.milewski@ourladyoftheangels.us)

Our Lady of the Angels School

1220 Main St; Worcester, MA

**P Guest Appearances by WooSox Hitting Coaches  
Rich Gedman and Doug Clark**

## CLINIC DETAILS

- Each player will receive instruction and participate in drills that will help them understand the fundamental skills that are used in hitting, throwing, fielding, defense and baserunning.
- Hitting stations will cover topics such as grip, proper stance, weight transfer, and point of contact
- Throwing drills will cover areas of balance, delivery mechanics, footwork and grip techniques.
- Fielding and Defensive work will cover topics involving proper fielding position, footwork and glove positioning.
- Baserunning will consist of the proper fundamentals of being an aggressive but smart baserunner
- All players should wear sneakers and bring with them a bat, helmet, glove and water bottle and snack.

***Don't miss out on your opportunity to attend.***

***Sign up A.S.A.P to reserve your spot.***

***This is a great Holiday gift.***

# Our Lady of the Angels Baseball/Softball Clinic Permission/Registration form

PlayerName: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Email: \_\_\_\_\_

I/We, the parent(s)/guardians of \_\_\_\_\_,  
give my son/daughter permission to participate in the Baseball Softball Clinic  
to be held at Our Lady of the Angels School.

We hereby release and save harmless Our Lady of the Angels School and any  
and all of its employees from any and all liability for any and all harm arising to  
my son/daughter as a result of this activity.

Parent/Guardian telephone number at time of activity: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

Please check which Clinic(s) attending

**Holiday Clinic \$95.00**

**5-Week Saturday Clinic \$115.00**

**Both Clinics \$160.00**

***Sign up for both clinics today for only \$170.00  
Savings of \$50.00***

**Preferred Payment method: Venmo @John-Milewski-3**

Or make checks payable to: John Milewski

Mail to: 17 Winthrop St, West Boylston, MA 01583

Quickest delivery of registration form. Take a photo of completed form and email  
it to: [john.milewski@ourladyoftheangels.us](mailto:john.milewski@ourladyoftheangels.us)  
or text it to 508-873-5554

Any questions please email [john.milewski@ourladyoftheangels.us](mailto:john.milewski@ourladyoftheangels.us)  
or call (cell) 508-873-5554