



## X-TRA INNINGS BASEBALL SCHOOL

**AGES 5 – 14**

1<sup>st</sup> Session – June 22, June 23 & June 24<sup>th</sup> 9am - 1:00pm

2<sup>nd</sup> Session – June 26<sup>th</sup>, June 29<sup>th</sup> & June 30<sup>th</sup> 9am- 1:00pm

**DIRECTOR: STEVE PERAKSLIS**

25<sup>th</sup> Year – Head Coach of Abington Varsity Baseball  
2009 Boston Globe Coach of the Year  
2009 Division III State Champs  
7-time South Shore League Champions  
21 out of 23 Tournament appearances  
State Championship Appearances 2 of the last 5 years  
Counselors are members of the AHS Varsity Baseball Team  
All Time Winning Coach in AHS History

**SCHOOL FEATURES**

DEFENSIVE FUNDAMENTALS  
EXPERT BATTING LESSONS  
PITCHING INSTRUCTIONS  
BASE RUNNING TIPS  
TESTING OF YOUR FASTBALL W/JUGS GUN  
GAME PLAYED DAILY

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**REGISTRATION FORM**

**Make check payable to:**

*Abington Park & Recreation  
500 Gliniewicz Way  
Abington, MA 02351*

**Register Online at Abington Park & Rec**

*www.Abingtonrec.com*

**Total Cost \$145.00**

**\$25.00 Deposit will be accepted to hold your spot.**

Session 1 \_\_\_\_\_

Session 2 \_\_\_\_\_

Name of child: \_\_\_\_\_

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

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade Entering: \_\_\_\_\_

**MEDICAL PROBLEMS/CONDITIONS/MEDICATION (S) & OR ALLERGIES:**

As a participant in the above-referenced program, I certify that I have sufficient medical coverage in the event of physical injury. I release, discharge and/or indemnify the Town of Abington and associated personnel against any claim by or on behalf of myself as a result of my son's/daughter's participation in this program.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

