

Summer on Cape Cod, it's not just all about the beaches. It is all about baseball too. Since 1865, the premier summer collegiate *Cape Cod Baseball League* has entertained generations with one outstanding season after another. This past season, In 2008, 21 former Bourne Braves were drafted into the MLB. And, an overall total of 218 *CCBL* alumni were drafted in 2008.



So, join us at one of the Bourne Braves' baseball clinics for a memorable experience this summer. Just bring your hat, glove and a cold drink and let's play ball !!!

Bourne Braves  
P O Box 895  
Monument Beach, MA 02553



**SUMMER 2009**  
**Youth Baseball Clinics**

*Where tomorrow's stars  
teach your children  
today.*

[www.bournebraves.org](http://www.bournebraves.org)

## Bourne Braves Clinics 2009

Can you imagine learning the fundamentals of baseball from the likes of Kevin Youkilis, Mark Mulder, or Mark Kotsay? Each summer, the *Cape Cod Baseball League* brings the best collegiate players here to Bourne. And, your child has the opportunity to learn from these talented athletes.

The *Bourne Braves* are proud to support the future of baseball and it is our goal to provide a FUN learning experience that your child will want to experience year after year. Each day will focus on improving each player's basic technical skills while promoting the importance of teamwork and sportsmanship.

For just \$75.00, our clinics are Monday through Thursday from 9:00 am– 11:30 am with check-in and warm-up 9:00-9:30 am. Rain or shine we will be playing baseball. Each child will receive a Bourne Braves T-shirt.

Each week, all clinic participants will have the opportunity to be recognized on the field at the start of the designated *Bourne Braves* home game.



## Our Staff

Our staff consists of the *Bourne Braves*' assistant coaches and players. Assistant coach Joshua MacDonald is in his third season as a graduate assistant on the Long Island University coaching staff. Coach MacDonald, along with the Braves players, are looking forward to seeing everyone this summer. The 2009 Bourne Braves players' roster can be viewed on our website ([www.bournebraves.org](http://www.bournebraves.org)).



## Clinic Schedule

### Boys and Girls Ages 5—12

Week 1	June 22—25	Doran Park	Bourne, MA
Week 2	June 29 -July 2	Doran Park	Bourne, MA
Week 3	July 6—9	Doran Park	Bourne, MA
Week 4	July 13—16	Doran Park	Bourne, MA
Week 5	July 20—23	Doran Park	Bourne, MA
Week 6	July 27—30	Doran Park	Bourne, MA

**DIRECTIONS :** *Doran Park* is located behind *Upper Cape Cod Regional Technical High School* at the *Barry Motta Sports Complex* , 220 Sandwich Road in Bourne, MA 02532.

## PARTICIPANT REGISTRATION

Child's Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Info:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Insurance: Policy # \_\_\_\_\_  
 Carrier \_\_\_\_\_  
 Clinic Week \_\_\_ Player \_\_\_\_\_ Age \_\_\_  
 Clinic Week \_\_\_ Player \_\_\_\_\_ Age \_\_\_  
 Clinic Week \_\_\_ Player \_\_\_\_\_ Age \_\_\_  
 Payment Method: check or credit card payable to *Bourne Braves Baseball Clinics* (\$5.00 discount for each additional family member and/or week) .  
 Card# \_\_\_\_\_

Name on card \_\_\_\_\_ Exp. \_\_\_\_\_

\*\*\*\*\***Payments are NON-REFUNDABLE**\*\*\*\*\*

I certify that my child is in excellent physical health, and may participate in strenuous physical activities, including baseball to be played at the clinic. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release Bourne Braves Baseball, and all affiliated entities from any and all liability claims, demands and causes of action to personal injury, property damage and/or other loss suffered by my child during the clinic. I confirm that I am the parent/guardian of the minor named above, and I and the minor named above agree that the grant and release obtained therein binds me and the minor to all of it's terms. I also agree to let my child's photograph be used for publicity items without my approval or compensation provided no name be used with said photograph.

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

**Please mail registration forms and payments to:**

Bourne Braves

P O Box 895 Monument Beach, MA 02553