

Joe Brotherton

**Assistant Baseball Coach/Camp Director**

Joe coached his first season with the Bearcats this year. He was the infielder coach and also helped with base-running and hitting. He coached high school baseball in California for the previous 4 years. He will also be an assistant coach for the Withnell Dodgers this summer in Salem.

Joe played high school baseball at Bellarmine College Prep in San Jose, Ca. He attended California Lutheran University. He has a Bachelor's degree in Business Management. He was selected to participate in the Cincinnati Reds development program in 2001, during which an injury ended his chances of playing professionally. Joe also conducts individual hitting and fielding lessons during the Bearcats off-season. He brings a tremendous amount of knowledge of the game and techniques/skills to help any player improve their ability.

**Willamette Bearcat/Withnell Dodger Players**

During the camps, various players from this season's team will be at the camp helping with instruction. Willamette has produced many outstanding players over the last couple of years including 4 first-team all-conference players and an All-American. The Withnell American Legion team is one of the top teams in the region and looks to be the same this year.

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**To guarantee a spot in the clinic payment must be received by June 5th. Walk-ups will be allowed based on clinic enrollment. Limited space is available.**

**FOR FURTHER INFORMATION CONTACT:**

**Joe Brotherton - Camp Director**  
**Willamette University Baseball Office**  
**Department of Athletics**  
**900 State Street**  
**Salem, OR. 97301**  
**503-991-9069**

**[jbrother@willamette.edu](mailto:jbrother@willamette.edu)**

**Willamette University Baseball Clinic**  
**Willamette University**  
**Department of Athletics**  
**900 State Street**  
**Salem, Oregon 97301**

# **WILLAMETTE BASEBALL SUMMER CLINICS**



## **2009 Clinic Sessions**

**June 15th – June 18th**  
**June 29th - July 2nd**  
**July 6th – July 9th**  
**July 20th - July 23rd**

**9:00 am - 3:30 pm**  
**John Lewis Field**  
**Willamette University**

**For Players Ages 8-14**

<http://www.willamette.edu/athletics/baseball/>



**REGISTRATION:**

For the WU Baseball Clinic, fill out the information below then mail this sheet to the address listed at the bottom of the page, along with your registration fee. The Registration fee is \$250.00, per session, if registered before June 5<sup>th</sup>. After June 5<sup>th</sup>, the registration fee will be \$275.00.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_  
Parent's Work Phone ( ) \_\_\_\_\_  
Age \_\_\_\_\_  
Grade \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_

**Please check all appropriate session time(s):**

June 15 - June 18 \_\_\_\_\_  
June 29 - July 2 \_\_\_\_\_  
July 6 - July 9 \_\_\_\_\_  
July 20 - July 23 \_\_\_\_\_

T-Shirt Size: YS YM YL YXL

**Make check payable to: Willamette Baseball**

If a camper has to leave the camp, or is unable to attend, a refund, less a \$25 administrative fee, will be mailed.

**Mail to: Willamette Baseball Clinic  
Department of Athletics  
900 State Street  
Salem, Oregon 97301**

**WILLAMETTE BASEBALL CLINIC**

**Pitching:** The program emphasis will be on all aspects of pitching with a concentration on proper throwing mechanics, strategies, philosophies, and mental approaches. A fundamental approach to mechanics will be taken with more advanced techniques instructed as needed.

**Hitting:** The program emphasis will be on all aspects of hitting and bunting. Learn the finer points of offensive production including the proper use of teaching aids, mental approaches, and techniques for developing more power and bat speed.

**Defense:** The program emphasis will be on the fundamentals of infield and outfield play. The finer points of both areas will be addressed as well as drills designed to improve defensive play.

**Speed and Agility:** This summer there will also be instruction on how to train and do exercises that get a player into baseball shape. This is the same program that the Willamette Bearcats use during their season.  
**Individual Instruction:** Each camper will receive individual instruction in all aspects of the game, and at the end they will be evaluated by the Camp Staff.

**FACILITIES:**

All clinic activities will take place in the newly renovated John Lewis Field/ "Spec" Keene Stadium at the Willamette University Sports Complex. (located in Bush's Pasture Park near the intersection of Mission and Winter Streets)

**WHAT TO BRING:** LUNCH! Water bottle, hat, t-shirt, baseball glove, athletic shoes, baseball pants/sweats, jacket if needed, catching gear if you wish to cat

**MEDICAL RELEASE APPROVAL**

Name of Player \_\_\_\_\_  
Past Health (on medication) \_\_\_\_\_  
\_\_\_\_\_  
Past Injuries \_\_\_\_\_  
\_\_\_\_\_  
Present Health \_\_\_\_\_  
\_\_\_\_\_  
Drug Sensitivities \_\_\_\_\_  
\_\_\_\_\_  
Other Allergies \_\_\_\_\_  
\_\_\_\_\_  
Insurance Company \_\_\_\_\_  
\_\_\_\_\_  
Policy # \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
\_\_\_\_\_  
Other Health and Accident Coverage \_\_\_\_\_  
\_\_\_\_\_  
Policy Holder \_\_\_\_\_  
Policy # \_\_\_\_\_

I verify that my child has been checked by a licensed physician and is physically able to participate in the Willamette Baseball Clinic. I hereby agree and promise that I will not hold Willamette University, its baseball coaches or clinic employees responsible for any loss, damage or personal injuries received as a result of participation in the clinic. I hereby authorize the directors of the Willamette Baseball Clinic to act for my child according to their best judgment in any emergency requiring medical attention. I agree to allow my child to be treated by an athletic trainer or licensed physician (if necessary) and to assume all cost related to such disclosure of medical information to my insurance for the purpose of the claim.

Parent or Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_