

ST. CLOUD STATE FALL SOFTBALL CLINIC
SUNDAY, SEPTEMBER 18, 2011
LOCATION: SELKE FIELD, ST. CLOUD, MN 56301 (OFF OF UNIVERSITY DRIVE)

10:00-12:00 PITCHING SKILL SESSION
COST: \$50.00

LUNCH BREAK: PARTICIPANTS ON THEIR OWN FOR LUNCH.
A SACK LUNCH OPTION WILL BE PROVIDED FOR \$10
IF YOU SIGN UP FOR A SACK LUNCH, AN ORDERING FORM FOR ERBERT'S AND GERBERT'S WILL BE SENT TO YOU VIA EMAIL WITH CLINIC CONFIRMATION.

1:00-3:30 ALL FUNDAMENTAL SKILL SESSION
COST: 60:00

REGISTER FOR BOTH SESSION FOR \$100.00

AGES: 5-12 GRADE.
GROUPS WILL BE SPLIT UP ACCORDING TO AGE GROUP AND ABILITY LEVEL

PITCHING SESSION:
WORK WITH THE SCSU COACHING STAFF AND PLAYER'S ON YOUR PITCHING SKILLS AND TAKE HOME DRILLS TO INCREASE YOUR SPEED, SPIN, AND BALANCE.
BASED ON SKILL LEVEL, STAFF WILL INTRODUCE NEW PITCHES AND FUNDAMENTALS, AND DRILLS TO INCREASE CONSISTENCY AND EFFECTIVENESS.

ALL-FUNDAMENTAL SKILL SESSION:
OFFENSIVE AND DEFENSIVE FUNDAMENTALS WITH DRILL AND SKILL SESSIONS WILL BE TAUGHT BY THE CLINIC COACHING STAFF. IT IS A GREAT WAY TO SHARPEN YOUR SKILL SET AND TO TAKE HOME NEW DRILLS TO WORK ON OVER THE OFF-SEASON.

WHAT TO BRING:
SHOES, LONG PANTS (SLIDING PANTS), WATER BOTTLE, HELMET, BAT, AND GLOVE
PITCHERS WILL NEED A CATCHER FOR THEIR PITCHING SESSION (NO CHARGE FOR CATCHERS) A FACE MASK IS SUGGESTED FOR SAFETY FOR ANYONE CATCHING.

CATCHERS IN THE ALL-FUNDAMENTAL SKILL SESSION WILL NEED TO BRING THEIR OWN GEAR.

PLAYER NAME: _____ AGE _____

YEAR IN SCHOOL: _____ SCHOOL ATTENDING: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PRIMARY POSITION (S) _____ SECONDARY POSITION _____

I AM REGISTRATING FOR:

PITCHING SESSION: _____ (\$50) SKILL LEVEL: BEGINNING INTERMEDIATE ADVANCED (CIRCLE)

SKILL SESSION: _____ (\$60) SKILL LEVEL: BEGINNING INTERMEDIATE ADVANCED (CIRCLE)

MAKE PAYMENT TO:
SCSU SOFTBALL

ADDRESS TO SEND CHECK/CASH TO:
ST. CLOUD STATE SOFTBALL

720 4TH AVENUE SE
HAH 322
ST. CLOUD, MN 56301

Walk-ups Will be Welcome if there are open Slots

Contact: Head Coach Paula U'Ren
320-308-2900
For any questions regarding the clinic

PLEASE SIGN AND RETURN THE FOLLOWING WAIVER WITH PAYMENT:

Please note any medical conditions that St. Cloud State University should be aware of:

Emergency Contact: _____ Phone Number: _____
Insurance Provider: _____ Policy Number: _____

I hereby authorize the SCSU clinic director to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby waive and release SCSU from any and/or all liability for any injuries or illnesses incurred while at the clinic or in transportation to a medical facility, except for injury directly resulting from gross negligence or willful misconduct. I have no knowledge of any physical impairment that would be affected by the above name clinical participation in the clinic, as outlined by the brochure.

Parent or Guardian Signature: _____

Name (please print): _____ Date: _____

****No refunds will be issued once registered. In case of inclement weather, all efforts will be made to reschedule the clinic. If inclement weather occurs, the clinic director has the right to move the event indoors to run the clinic sessions. Please be prepared for any weather issues.**

Additional information can be found at:
<http://www.stcloudstate.edu/athletics/sports/softball>