

# St. Cloud State University

## Softball Clinics



**9:00-10:30 am Hitting Clinic**

**10:30 am-12:00 pm Defensive Position/Catching Clinic**  
**Instruction from SCSU Coaches and Players**

**What Sessions Include:**

- ❖ Proper Hitting Fundamentals
- ❖ Infield and Outfield Techniques
- ❖ Catching Techniques
- ❖ Skill Development

**When:** December 8<sup>th</sup>, 2007

**Time:** Hitting Clinic 9:00-10:30 a.m., Defensive Position/Catcher's Clinic 10:30-12:00 p.m.

**Where:** The Husky Dome

**Cost:** \$20 per session or \$35 for the combined Hitting and Defensive Position/Catching clinic.

**What to Bring:** Players should be dressed to participate. They should bring a glove, batting gloves, sweatpants, a water bottle, and wear tennis shoes. Catchers must also provide their own gear.

**\*\*No refunds will be issued. In case of inclement weather, all efforts to reschedule a make up date before March 1, 2008, will be made.**

**\*\*All clinics are on a first come first serve basis.**

**For questions or to reserve a spot please feel free to contact Head Coach  
Paula U'Ren at [pjuren@stcloudstate.edu](mailto:pjuren@stcloudstate.edu) or 320-308-2900**

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



# St. Cloud State University

## 2007 Softball Hitting/Defensive Position Clinic

### Registration Form

Please Print

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Please Select Time attending:**

Session 1 - 8:00-9:30 am \_\_\_\_\_  
 Session 2 - 9:30-11:00 am \_\_\_\_\_  
 Will attending both sessions 1 and 2 \_\_\_\_\_

**Primary Position** \_\_\_\_\_

Skill Level (circle one) Beginner Intermediate Advanced

**Secondary Position** \_\_\_\_\_

Skill Level (circle one) Beginner Intermediate Advanced

**Cost:** \$20 per session or \$35 for combined session 1 and 2. Registration is allowed at the door, but there will be no combination discount.

- Please make checks payable to SCSU Softball
- Send payments to: 720 4<sup>th</sup> Ave S.  
 Halenbeck Hall 322 – St. Cloud State Softball  
 St. Cloud University  
 St. Cloud, MN 56301

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

Emergency Contact: \_\_\_\_\_ Phone 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: \_\_\_\_\_