

St. Cloud State University Youth Developmental Softball Clinic



Instruction from SCSU Coaches and Players

What Sessions Include:

- ❖ Basic Fundamentals of the Game of Softball
- ❖ Proper Hitting and Fielding Fundamentals
- ❖ Pitchers and Catchers Defensive Session
- ❖ Position Play
- ❖ Offensive/Base Running Fundamentals
- ❖ Autographed Poster of the Husky Softball Team

Who: 3rd-8th Graders

When: March 9th, 2008

Time: 12:00-2:00pm

Where: The Husky Field house

Cost: \$25 pre-register or \$30 at the door.

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 need to bring their own catching gear.

****No refunds will be issued. In case of inclement weather, all efforts will be made to reschedule the clinic.**

For questions or to reserve a spot please feel free to contact Head Coach Paula U'Ren at pjuren@stcloudstate.edu or 320-308-2900

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



St. Cloud State University 2008 Youth Developmental Softball Clinic Registration Form

Please Print

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Age _____ Birth date _____ Grade _____
School _____ City _____ State _____
Email Address _____

Primary Position _____
Secondary Position _____

Please Check if:

Pitcher or Catcher

Cost: \$25 pre register or \$30 at the door.

- Please make checks payable to SCSU Softball
- Send payments to: 720 4th 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: _____
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: _____