



Softball

2009 Husky Softball November Pitching/Catching Clinic

Date: Sunday, November 15, 2009

Pitching Session: 10:00-12:00

Catching Session: 10:00-12:00

**Location: St. Cloud State University
Halenbeck Hall Fieldhouse**

Open to: Ages 10-18

Cost: \$ 35.00 Pitching Session

\$25.00 Catching Session

****No Refund will be issued Once Registered**

****Limited Enrollment in both sessions.**

Selection based on date of applications received in date

****Pitchers should bring a catcher to work with them.**

What to Bring; Glove, water bottle, Indoor Shoes

Pitchers-Skill Development and review of pitching techniques. Drill packet to take home in the "off-season" and instruction from the Husky Pitchers and Coaching Staff.

Catchers-Defensive Skill Session. Blocking Technique, Footwork and Throwing Drills, Signal Calling, Working with the Pitching Staff, working with the Defense on relays, cuts, and blocking the plate.

To enroll, just complete the following form:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Contact Number:: _____

Age: _____ Grade in School: _____ School Attending: _____

Position (s) _____ Email Address: _____

Yes, I will be attending the pitching session and have enclosed my check for \$35: _____

Yes, I will be attending the catching session and have enclosed my check for \$25: _____

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***Please contact Coach U'Ren with any questions at 320-308-2900 or pjuren@stcloudstate.edu
Go Huskies!







Softball

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

Waiver Must be Signed Before Participation:

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

Known Medical Allergies: _____ Current Medication: _____

Insurance Company: _____ Policy Number: _____

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 of Guardian Signature: _____

Name (please print): _____ Date: _____