

St. Cloud State University Softball



10:00-12:00pm Pitching Clinic January 20th and 27th

Instruction from SCSU Coaches and Players

What Sessions Include:

- ❖ Fundamentals and techniques of basic softball pitching skills
- ❖ Techniques on throwing drop, rise, change, and curve balls
- ❖ Drills to do in the off season
- ❖ Drills for home

When: January 20th and 27th, 2008

Time: 10:00-12:00 pm

Where: St. Cloud State University Fieldhouse located in Hallenbeck Hall

Cost: \$30 per person. Catchers are included in the registration fee.

What to Bring: Players should be dressed to participate. They should bring a glove, water bottle, and tennis shoes. All pitchers must provide their own catcher. Catchers must bring their own equipment.

****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 or 320-308-2900

Additional information can be found at:

<http://www.stcloudstate.edu/athletics/sports/softball>



St. Cloud State University
2007 Softball Pitching Clinic January 20th and 27th
Registration Form

Please Print

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Age _____ Birth date _____ Grade _____

School _____ City _____ State _____

Skill Level: Beginner _____ Advanced _____

Emergency Contact Information:

Name: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

Cost: \$30 per person, catchers are included in the registration fee.

- 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:

WAIVER AND RELEASE: 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: _____