

CLARKE COLLEGE SOFTBALL ADVANCED PITCHING CLINIC OPEN TO GRADES 3-12

WHAT TO EXPECT

Pitchers should have a solid background on basic mechanics. Focus will be on the following pitches:

- Change-up
- Curve Ball
- Rise Ball
- Drop Ball

Pitchers need to provide their own catcher and must wear tennis shoes.

CLINIC DATE

SUNDAY, FEBRUARY 7, 2010
9 - 11 a.m.

COST

Camp Fee \$55
Fee includes Clarke Softball t-shirt.
Please make checks payable to Clarke College Softball.

CAMP LOCATION

Robert and Ruth Kehl Center - Gym Floor
Clarke College

ADDITIONAL INFORMATION

For additional information please contact Liz Garthright at (563)588-6619 or liz.garthright@clarke.edu

REGISTER TODAY!

Registrations will be taken up to the day of the clinic. To ensure that your child has a t-shirt for the clinic, registration and payment must be received by

Friday, January 29, 2010

Space is limited to the first 20 participants.

Complete the Camp Registration Form and mail along with your \$55 check (payable to Clarke College Softball) to:

Liz Garthright
Head Softball Coach - Clarke College
1550 Clarke Drive
Dubuque, IA 52001



www.clarkecrusaders.com

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

ADVANCED PITCHING CLINIC REGISTRATION FORM

Camper's Name _____ Age _____

School _____ Grade _____

Home Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Mother's Name _____

Mother's Cell Phone (_____) _____

Father's Name _____

Father's Cell Phone (_____) _____

Parent's E-mail _____

T-shirt Size: (circle one) Youth YS YM YL Adult AS AM AL AXL

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Softball Clinic carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Softball Clinic responsible for payment of medical expenses. As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Softball Clinic activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Softball Clinic against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned. In the event of an emergency, I authorize Clarke College Softball Clinic officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Date: _____ / _____ / _____

Participant's Name: _____

Birth date: _____ / _____ / _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Allergies: _____

Necessary Medical Information: _____

Medical Insurance Company: _____

Policy Number: _____

Dubuque Doctor/Hospital Preference: _____

If Parent/Guardian is unavailable, in the event of emergency, please contact:

Name: _____

Relationship: _____

Phone Number: _____

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