

2010 ST. NORBERT COLLEGE SOFTBALL CLINICS

PITCHING & CATCHING CLINIC:

Sunday, January 17, 2010

- 9:00-10:30am * **Beginner** (less than two years pitching or catching; Grades 4-6) \$35, includes t-shirt
- 11:00am-1:00pm * **Intermediate** (two years or more pitching or catching; Grades 6-8) \$40, includes t-shirt
- 1:30-3:30pm * **Advanced** (four years or more pitching or catching; Grades 9-12) \$40, includes t-shirt

Pitchers must supply own catcher (must have mask; no charge for catcher, unless participating in catching clinic).

OFFENSIVE & DEFENSIVE SKILLS:

Sunday, February 14, 2010

- 8:30am-12:00pm * **Grades 4-7**
- 12:30-4:00pm * **Grades 8-12**
- \$50, includes t-shirt

Instruction will emphasize basic softball fundamentals for all levels of play. Pitching clinics will educate athletes on technique to maximize ability, including proper mechanics, ball location, changing speeds, and ways to increase velocity. Catching will focus on blocking, set-up, etc. Offensive skills will focus on basic hitting mechanics, as well as bunting, baserunning, and offensive strategy. Defensive skills will include proper fielding and throwing fundamentals, strategy, and conditioning.

Clinics will be held in Schuldes Sports Center. Participants should wear appropriate workout attire, including sweat pants for sliding. **Gym shoes only please.** Bring your glove, bat and batting gloves if you have them, and your water bottle. Learn lots and have fun!



Mail form and entry fee to:

JoAnn Krueger
St. Norbert College Softball
Schuldes Sports Center
100 Grant Street
DePere, WI. 54115
(920) 403-4080
www.snc.edu/athletics/softball
joann.krueger@snc.edu

Name _____

Address _____

E-mail _____

Phone _____

School _____

T-SHIRT SIZE:
Youth M L
Adult S M L XL

Grade _____

JANUARY 17: PITCHING & CATCHING

- Pitching Catching 9-10:30am \$35
- Pitching Catching 11am-1pm \$40
- Pitching Catching 1:30-3:30pm \$40

FEBRUARY 14: FUNDAMENTAL SKILLS

- AM Session Grades 4-7 8:30a-12pm \$50
- PM Session Grades 8-12 12:30-4pm \$50

Total Due \$ _____
[] Check [] Cash



ST. NORBERT COLLEGE

GREEN KNIGHTS

SOFTBALL



SNC SOFTBALL CLINIC PERMISSION & MEDICAL RELEASE

I understand and acknowledge that my child may suffer serious injury by participating in the St. Norbert College Softball Clinic. With full knowledge of the risk enumerated, I hereby authorize the clinic coaches, trainers, and athletic staff, in my behalf, to administer emergency medical treatment to attending the above mentioned clinic. This permission extends the right of those enumerated to arrange for medical personnel, and for them to apply any emergency techniques they deem appropriate to treat any injury or illness sustained by my child.

I hereby agree to release, indemnify, and hold harmless St. Norbert College Inc. and the Premonstratensian Fathers, and their officers, directors, staff, members, and agents from damage, or death to my child or her personal property arising from or in connection with the participation of my child in any of the St. Norbert College softball clinics, including damages related to medical care as authorized in this statement. I certify that my child is in good health and is able to participate in this camp without risk to her health. I, the guardian of the registrant, agree that I and the registrant will abide by the rules of the clinic. I have read and fully understand the above statements.

Signature of Legal Guardian

Date

Signature of Participant

Date

Family Doctor _____

Doctor Phone Number _____

Insurance Co _____

Insurance Policy Number _____

Known Medical Conditions / Allergies: _____