

# 2012 ST. NORBERT COLLEGE SOFTBALL CLINIC



## OFFENSIVE & DEFENSIVE FUNDAMENTALS: Sunday, February 12, 2012

9:00am-12:00pm      \* Grades 3-6  
12:45pm-3:45pm    \* Grades 7-12

\$50, includes t-shirt



Instruction will emphasize basic softball fundamentals for all levels of play. Offensive skills will focus on basic hitting mechanics, as well as bunting 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](http://www.snc.edu/athletics/softball)  
[joann.krueger@snc.edu](mailto:joann.krueger@snc.edu)

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**FEBRUARY 12: FUNDAMENTAL SKILLS**

- Grades 3-6      9:00am-12pm      \$50
- Grades 7-12    12:45-3:45pm      \$50

Total Due      \$ \_\_\_\_\_  
[ ] Check      [ ] Cash

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



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: \_\_\_\_\_