



**UMASS BOSTON Softball
Winter Skills Clinic
January 23rd and 24th 2010
Ages 7-17yrs old**



UMass Boston Softball
Clark Athletic Center
100 Morrissey Boulevard
Boston, Massachusetts,
02125
(617) 287-7260 Office
(617) 287-7840 Fax



CONDITIONS OF ENROLLMENT AND INSURANCE/WAIVER INFORMATION

The clinic enrollment will be filed on a **FIRST-COME BASIS**; if the event sessions are filled you will be notified. Your confirmation letter will be emailed once payment is received.

The clinic director reserves the right to place students in the most suitable group. She also retains the right to terminate the stay of any student when it is deemed in the best interest of either the student or the clinic.

All softball clinic participants must have had a physical examination during the present school year. The parent can confirm by signing the conditions of enrollment. There will be no reduction in fees due to late arrivals and early departures. Absolutely no refunds will be made.

Major Medical Insurance Name _____
Policy No. _____

Emergency Phone Number _____

Does your major medical cover sport related injuries/accidents, such as softball injuries/accidents? Yes/No

RELEASE OF LIABILITY/ACKNOWLEDGMENT OF RISK: Upon entering events sponsored by UMass Boston Skills Clinic, I/We understand and appreciate that the participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release UMass Boston Softball Skills Clinic its affiliates, sponsors, event organizers, officials and all UMass Boston Softball Clinic personnel from and liability therefore.

MEDICAL RELEASE: In the event my child is injured during the UMass Boston Softball Skills Clinic I give permission to the person in charge to seek medical attention.

I have read and agreed to the above conditions and enclose herewith my check for \$ _____ for tuition.

Date Signature of Parent/Guardian _____

Current Email Address _____

CLINIC STAFF

Head Coach Natalia Ardagna

Natalia enters her 3rd season as the Head Coach of the UMass Boston Beacons. Coach Ardagna led the Beacons to the school's best finish in the Little East Conference Play.



A college stand-out as a catcher at Bridgewater State, Coach Ardagna works with the pitcher/catcher battery, hitters, as well as overseeing all game strategy.

Assistant Coach Josh Bartley

Josh has been with the Beacons for the past 3 seasons. Coach Bartley works primarily with the outfield and the hitters.



Assistant Coach Ann Talarico

Ann is entering her 2nd seasons with the Beacons. Coach Talarico was a stand-out college short stop and works primarily with the infielders.



Assistant Coach Nat West

Nat recently joined the Beacons as the Pitching Coach. Nat was a 3 year All-Conference player.



PLEASE BRING:

Glove
Sneakers
Catching Equipment (If Needed)

We will provide but you are welcome to bring your own:

Bat
Helmet

SCHEDULE

January 23rd, 2010—Defensive Day

9:00 am - Warm-up
9:30 Throwing and Receiving Work
10:00 Position Work
11:00 Second Position Work
12:00 Game Situations

January 24th, 2010—Offense Day

9:00 am - Warm-up
9:30 Overview of the Swing
10:00 Swing Stages with Drills
11:30 Bunting
12:30 Hitting Games

LOCATION

The University of Massachusetts Boston Softball clinic will be held at the Clark Athletic Center gym on the Campus of UMass Boston.

ENROLLMENT

Please fill out the application and mail it back with full payment by January 15, 2010. A confirmation email will be sent when the application is processed. Please make checks payable to Natalia Ardagna. No refunds will be issued for cancellations.

OVERVIEW

The UMass Boston Softball Clinic will focus on improving fundamental hitting, pitching and defensive skills. Each session will introduce new concepts and drills to improve technique. The clinic will incorporate many of the same drills used by the UMass Boston Softball team. Each group will get instruction that is specific to the level they are currently competing at, as well as tools for future play.

CLINIC APPLICATION

Name _____

Address _____

City/State/Zip _____

Home Telephone # _____

Age _____

Grade in Fall '09 _____

Email Address _____

\$75 Defensive Day Clinic (January 23rd)

Primary Position: _____

Secondary Position: _____

\$ 75 Offensive Day Clinic (January 24th)

\$125 For **BOTH** Days
(Please fill-in defensive positions above)

PLEASE SEND & MAKE CHECKS PAYABLE TO:

Natalia Ardagna
Clark Athletic Center
100 Morrissey Boulevard
Boston, MA 02125