

Friar Softball Camp Presents: July Two-Day Clinic

Details

Dates and Times:

Tuesday, July 22nd
&

Wednesday, July 23rd
Sessions will run from
9am–4pm each day

Cost:

\$175 for two days of
instruction

Things to Bring:

Sneakers

Cleats

Glove

Bat (if available)

Helmet (if available)

Water Bottle

Lunch

Catchers should bring their
own gear

The Providence College Softball Coaches will be holding a two-day clinic from Tuesday, July 22nd through Wednesday, July 23rd. The clinic will run from 9am–4pm on each of these days. Please note that Thursday, July 24th will be a make-up day in case of rain.

This clinic is open to softball players from ages 8–18. We welcome both beginning and advanced skill levels, and we look forward to teaching the fundamentals of the sport!

Topics covered in clinic sessions will include hitting, bunting, pitching, catching, defensive fundamentals by position, base running, team play, rules of the game, and mental aspects of the game. While instruction will be tailored to the skill level of participating athletes, all fundamentals introduced will be consistent with those taught to our college athletes.

High school athletes will also participate in a video analysis session, using the RightView Pro program. This is an extremely effective way to introduce correct hitting and pitching fundamentals using some of the world's best softball players as models.

All clinic activities will take place on the campus of Providence College and utilize the College's state-of-the-art athletics facilities.

Please complete and return the enclosed registration form to enroll your daughter in our clinic. Make sure to include payment, insurance information, and signed waiver form with registration. Registration confirmation will be provided via email, so please be sure to include a current email address. Confirmation will include directions to the Providence College Softball Field.

Please note that applicants will be accepted on a first come, first served basis. Numbers will be kept low to maximize instruction time, so please reserve your spot early!

If you have any questions about summer clinic sessions, please contact Erica Morgenstein at 401-865-2967 or emorgens@providence.edu.

Providence Softball
549 River Ave.
Providence, RI 02918

Phone: 401-865-2967
Fax: 401-865-1231
E-mail: emorgens@providence.edu

Go Friars!

Registration Form

Name _____ Grade Fall '08 _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Primary Position _____ Secondary Position _____

Emergency Contact Name _____

Emergency Contact Number _____

Insurance Company _____

Policy Number _____

Medical Info Camp Should Know _____

Please make check for \$175 payable to Friar Softball Camps, LLC

WAIVER STATEMENTS

I understand that softball is an active, physical sport, and that injuries can take place during play. I also understand there will be a number of children attending camp, there will be a limited number of coaches and/ or counselors, and that our child cannot receive individualized attention and supervision all of the time. I understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in softball and camp activities.

I hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the Friar Softball Camp, during the period of the Camp, to seek appropriate medical attention for the camper, for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment and have medical insurance to cover these costs.

I hereby give permission to my child to participate in the Friar Softball Camp and use the facilities of Providence College in connection with the camp program. In consideration of your enrolling my child in the program, I agree to indemnify and hold harmless Providence College and all its trustees, officers, agents and employees from all claims, liability, loss and damage and expense which may in any way arise from my child, her parent/s, or guardian/s may have for personal injuries to other persons which are caused by my child. Also, I understand that Friar Softball Camp will not be responsible for any costs required to accommodate my child's special needs.

Participant's Signature (over 18)

Date

Parent/Guardian's Signature

Date

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