



Stanford Softball



2008 Winter Clinic's

For more information call 650-725-2631 or email tdean@stanford.edu

Stanford Softball will be hosting two upcoming winter clinics. One especially designed for COACHES and another great clinic for Softball PLAYER'S. These clinics are offered by the Stanford Softball Coaching Staff which in 2008 posted the second-most wins in Stanford's school history and advanced to their third NCAA Super Regional in four years. Space is limited, so please make sure to sign up early.

(Coaches Clinic)
Sunday, January 11th
9:00 to 3:00 pm

This clinic is open to all coaches interested in taking their coaching ability to the next level. You will have the opportunity to learn direct from the Stanford Softball Coaching staff.

Lunch is provided. Make sure to make your sandwich selection below.

\$100.00

(Players Clinic)
Sunday, January 18th
9:00 to 3:00 pm

This clinic is a hands on clinic for those individuals ready to take their softball abilities to the next level. Bring your own glove, mitt, cleats. We will review the basic fundamentals of the game of softball. From pitching, fielding, and catching to sliding, outfield play and hitting. Lunch is **NOT** provided. Please bring a sack lunch.

\$100.00

**** Registration Deadline – January 8, 2009 ****

Name _____ D-O-B _____ Age _____ Grade _____ Position _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian (for players only) _____ Phone (H) _____

Phone (Cell) _____

Email _____

Coaches Clinic - \$100.00 * (Please circle sandwich type)

Player's Clinic - \$100.00

Turkey * Roast Beef * Ham * Veggie

Make Checks Payable to: Stanford Softball

Statements - Medical Coverage

All clinic participant(s) must have their own medical coverage.

Statement of Disclaimer: I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the clinic participant. I hereby give permission to the staff of the clinic to seek during the period of the clinic appropriate medical attention for the participant and for the medical attention to be given and for the clinic participant 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 I/We, the undersigned, hereby acknowledge and understand that the Stanford Softball Staff is a privately operated sports camp, and is not operated by or through Stanford University. The clinic is neither sponsored, controlled, nor supervised by Stanford University but rather is under the sole sponsorship, control, and supervision of the Stanford Softball Camps, Inc. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge The Stanford Softball Staff or Stanford University and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation while at the clinics. Cancellation Fee - \$35.00

Signature (Parent or Guardian) _____ Date _____

*** Please mail to: Stanford Softball * Winter Clinic * 641 E. Campus Dr * Palo Alto, CA 94305 • (650) 725-2631 ***