

# Utah State Softball 7<sup>th</sup> Annual Winter Clinic

Site: Utah State University, The Stan Laub Indoor Training Center and Utah State Fieldhouse.

Eligibility for Clinic: Ages 8 –18

Included: Camp T-Shirt, Lunch and Refreshments on Saturday the 19<sup>th</sup>, and Instruction provided by Division 1 Coaches and Athletes.

**Parents and Coaches are welcome to observe. Take some pictures or videotape skill training.**

## January 19<sup>th</sup> Schedule

9:00am – Registration at Laub Center  
10:00am – Fundamental Skill Instruction  
12:00pm – Lunch  
1:00pm – Position Instruction  
3:00pm – Day 1 of Session Over

## January 20<sup>th</sup> or 21<sup>st</sup>

Utah State Fieldhouse located on the corner of 700 North 800 East  
10:00am – Hitting Skills begin  
12:00pm – Lunch on your own  
1:00pm – Hitting Skills Continue  
3:00pm – Clinic Over

Session 1 Option – January 19<sup>th</sup> & 20<sup>th</sup> - Cost is \$150 by January 7<sup>th</sup> and \$175 after January 7<sup>th</sup>

Session 2 Option – January 19<sup>th</sup> & 21<sup>st</sup> - Cost is \$150 by January 7<sup>th</sup> and \$175 after January 7<sup>th</sup>

*\*Team and Family Discount Rates Available – 6 or more Team Members, 3 or more Family Members*

## **Clinic Directions**

Once in Cache Valley, enter Logan on HWY 89/91  
Heading North: Make a Right Turn on 1400 North  
Heading South: Make a Left Turn on 1400 North  
Cross over 800 East, directly after the Soccer Field Turn Right  
The Stan Laub Indoor Training Center is Straight ahead

## **Items to Bring**

Athletic Clothing – Sweat pants/shirts, shorts, T-shirts  
Turf shoes or gym shoes. Bring your own bat, glove and make sure your full name is on all of your equipment.  
Catchers bring all of your catching gear.

Please retain top portion of this form for your own record. Any questions please call 435 797-0553 or 435 757-1642.

## **Player Registration & Parents Release Form**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Position(s): \_\_\_\_\_ HS \_\_\_\_\_

Phone: \_\_\_\_\_ Summer Team \_\_\_\_\_

Email: \_\_\_\_\_

Please check the Session you will be attending.

Session 1 January 19<sup>th</sup> /20<sup>th</sup> \_\_\_\_\_ Session 2 – January 19<sup>th</sup> and 21<sup>st</sup> \_\_\_\_\_

Circle T – Shirt Size: Youth L      S      M      L      XL

**Make checks payable to Aggie Softball Camps and Clinics and send check and registration form to:**

Utah State Softball – Attn: Candi Letts, 7400 Old Main Hill, Logan, UT 84322-7400

I hereby authorize the clinic staff to act for me in case of an emergency and I waive and release the clinic from any and all liability for any injuries or illness incurred while at the clinic.

Parent or Guardian's Signature \_\_\_\_\_

Insurance Company & Policy Number \_\_\_\_\_