



Calhoun Community College Softball Clinic

Dates: Saturday, March 20, 2010

Location: Decatur Campus
Softball Stadium

What: 9:00 AM – 3:00 PM
Softball Fundamentals
(Hitting, Fielding, Position play, Baserunning, etc.)

Ages: 7 years – 13 years
(grades 2nd - 7th)

Registration: 8:00 AM - 8:45 AM
On day of Event

Pre-registration: Payment and application must be
received by March 16.

Cost: \$ 60.00
Team Rate: \$ 500.00 (up to 12 players)
To qualify for the team rate, all players must be on same team for the upcoming season.

Pre-registration: \$ 50.00
\$600.00 (up to 15 players)

What to Bring: Bat, Batting Gloves, Helmet, Tennis Shoes, Glove, Catching Equipment. Each camper should bring a sack lunch. Each player will receive a Calhoun Softball T-shirt. Drinks will be provided for lunch.

Staff: The clinic will be led by the Calhoun Softball Coaches and members of the Lady Warhawk Softball Team

Contact info: Coach Nancy Keenum (256) 306-2850 or nek@calhoun.edu

PARENTS/GUARDIANS WILL BE REQUIRED TO SIGN A LIABILITY RELEASE AND MEDICAL WAIVER FOR EACH PARTICIPANT.

Make checks payable to: *Calhoun Community College Softball*

Send registration form and payment to:

Dr. Nancy Keenum
Calhoun Community College
P. O. Box 2216
Decatur, Al 35609

or Hand-deliver to Athletic Office K-100
Carlton Kelley Gymnasium
Decatur Campus

NAME: _____ GRADE: _____ AGE: _____ DOB: _____

ADDRESS: _____ CITY, ST. ZIP _____

HOME PHONE: _____ PARENTS CELL: _____

SHIRT SIZE: _____ POSITION #1 _____ #2 _____

Youth: M _____ L _____

Adult: SM _____ M _____ L _____ XL _____ SCHOOL/TEAM: _____

I certify that all information provided is true and correct. My signature also indicates that I do not hold Calhoun Community College and members of the Calhoun Athletic Department for any accidents that may occur as a result of my participation in the Calhoun Softball Clinic. My signature indicates the participant _____ is physically qualified to attend the Calhoun Softball Clinic. I hereby authorize the CCC softball staff to act for me, according to their best judgment, in any medical emergency.

PARENT/GUARDIAN SIGNATURE

PRINTED NAME OF PARENT/GUARDIAN

DATE