**Misericordia University Softball**

2015 Pitching Clinics

**Fundamental Clinic**

January 3, 10, 17, 31

**Advanced Clinic**

January 3, 10, 17, 31

Our softball winter pitching clinics will be held in the **Anderson Sports and Health Center**, on the campus of Misericordia University: 301 Lake Street, Dallas PA. Parents and coaches are welcome and encouraged to come to the clinics. This is a great opportunity to learn from and interact with college coaches and players as well as participate in a great college atmosphere. All pitchers should bring their: Glove, tennis shoes, a **catcher** (may be from team, parent, or coach) and catching equipment (if applicable.) Balls provided.

Important Information

The four week breakdown allows for the pitchers to practice during the week and come back the next week with questions or concerns. It is important to attend **all four** sessions to get the most out of the clinic, but it is understood that conflicts arise. PLEASE INDICATE WHICH DATES YOU ARE ATTENDING.

**\*Check in: 1st clinic day 15 minutes prior to the start of the session you’re attending\***

\*\***PLEASE NOTE**: **There is NO CLINIC ON JAN. 24TH. CLINIC SKIPS A WEEK THIS YEAR\*\***

Fundamental Clinics

**Time**: 9:00 am – 10:15 am

**Cost**: **$25.00 / week**

The focus of this clinic is to teach the basic fundamentals of pitching. A great deal of focus will be placed on fastball mechanics. Pitchers with little or no experience are very welcome! Pitchers will also have the opportunity to learn change-up and possibly one or two other pitches if they feel they are ready.

Advanced Clinics

**Time**: 10:30 am – 11:45 am

**Cost**: **$25.00 / week**

The focus of this clinic is to prepare pitchers to play high school or collegiate softball. We will break down all aspects of pitching and teach drills to improve mechanics. Each week, a new pitch will be taught, or improvements made to pre-existing pitches. Pitchers will also have the opportunity to be clocked with the radar gun. Pitchers younger than 9th grade but have experience may sign up.

Remove & Return This Portion of Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Date(s) Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Enclosed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Agreement**

**In signing this Consent and Agreement Form, I affirm that my child is in good normal health, and has my permissions to participate in all clinic activities. I agree to assume all risk of such participation and further agree to indemnify, defend, and hold harmless Misericordia University, its officers, its directors, its employees, and all camp staff from any and all claims, suits, losses, demands, or related causes of actions for damages arising in any way out of my child’s participation in the Misericordia Softball Clinic or other activities on MU’s property.**

**Parent/Guardian’s listed above:**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Registration may also be emailed to couturil@misericordia.edu

and payment accepted on arrival\*\*\*

**Mail completed form and payment to:**

Attn: Jen Probst/Softball

301 Lake Street

Dallas, PA 18612

**\*\*Checks payable to: Misericordia University**