CARDINAL SOFTBALL CLINIC

Who: For girls in grade 1st – 6th

What: Offensive, defensive & pitching instruction.

Where: Wesleyan University Bacon Field House (in the Freeman Athletic Center).

Directions to Freeman Athletic Center: From Route 66, turn onto Vine Street at intersection of Routes 66 & 3. Continue to Cross Street and turn right. Freeman Athletic Center is on the left. Parking is across from the Cross Street Fire Station (on the right, driveway goes up a hill.)

When: 6:30-7:30 PM on the following Tuesdays: January 17th, 24th & 31st

Cost: $45 (Checks made payable to Cardinal Softball)

What to Bring: Glove, sneakers, & water bottle. Bat recommended, but not required. Helmet strongly recommended. (Long hair should be up in a ponytail.

CARDINAL SOFTBALL CLINIC
—Application Form—

Name: ________________________________ Date of Birth: ________________________________
Address: ______________________________ Grade: ________________________________
City/State/Zip: __________________________ Home Phone: __________________________
Email Address: _________________________ Parent Cell Phone: _____________________
School: __________________________________

Waiver of Liability
I, the undersigned, individually and as a parent and/or guardian of ________________________, a minor, ask that she be admitted to participate in the 2017 Winter Cardinal Softball Clinic. I am aware that her participation in the softball clinic and the sport of softball involve numerous risks of injury, including but not limited to, being struck by a thrown or batted ball and colliding with another participant and I/we freely assume those risks. As lawful consideration for being permitted to enroll in the softball clinic, I do hereby agree to release from any legal liability and agree not to sue Cardinal Softball School, its owners, officers, directors, members, agents, employees and staff and Wesleyan University from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor’s attendance and participation at the clinic or in the course of competition and/or activities held in connection with the clinic.

Parent/Guardian Signature: __________________________ Date: ____________________

RESERVE YOUR SPOT by mail, email, phone, or fax:
Coach Jen Lane jslane@wesleyan.edu
Softball Office 860-418-9102 cell phone
161 Cross Street 860-685-2691 fax
Middletown, CT 06459-0413

Space is limited and will be filled on a first come, first serve basis. Please Make Checks Payable to: CARDINAL SOFTBALL