CENTRE SOFTBALL
HITTING CLINIC - SUNDAY, FEBRUARY 3RD, 2019

SITE: HAZELRIGG GYMNASIUM (IN SUTCLIFFE HALL)/FISHMAN CENTER

PLAYERS ARE TO BRING: GYM SHOES, GLOVE, BAT, WATER BOTTLE, HELMET, BATTING GLOVES

COST: $50 PRE-REGISTRATION ($60 AT THE DOOR) *EARLY REGISTRATION IS ENCOURAGED

CASH OR CHECK PLEASE MAKE CHECKS PAYABLE TO:
CENTRE SOFTBALL
600 W WALNUT ST.
DANVILLE, KY 40422

*YOU WILL RECEIVE E-MAIL CONFIRMATION UPON RECEIPT OF YOUR COMPLETED REGISTRATION FORM AND CHECK

*CHECK-IN AND REGISTRATION WILL TAKE PLACE AT THE ENTRY OF HAZELRIGG GYMNASIUM AT 8:30AM

HITTING CLINIC
9AM-2PM

THIS CLINIC IS DESIGNED TO HELP IMPROVE OFFENSE FUNDAMENTALS FOR SOFTBALL ATHLETES OF ALL AGES AND ABILITY LEVELS.

HEAD COACH TORI BROWN, ASSISTANT COACH KATELYN ROY AND MEMBERS OF THE 2018-2019 COLONELS SOFTBALL TEAM WILL RUN THE CLINIC AND PROVIDE INSTRUCTION.

HEAD COACH TORI BROWN
COACH BROWN CAME TO CENTRE COLLEGE FROM OHIO WESLEYAN, WHERE SHE WAS AN ASSISTANT COACH FOR FOUR YEARS AFTER GRADUATING FROM VALPARAISO UNIVERSITY IN 2013. DURING HER TIME AT OWU, SHE HELPED THE TEAM TO THE NORTH COAST ATHLETIC CONFERENCE TOURNAMENT IN 2014 AND 2016. AT VALPARAISO, SHE WAS NAMED NATIONAL FASTPITCH COACHES ASSOCIATION ALL-AMERICA SCHOLAR ATHLETE ALL FOUR YEARS AND WON TWO HORIZON LEAGUE CHAMPIONSHIPS.

ASSISTANT COACH KATELYN ROY
COACH ROY CAME TO CENTRE COLLEGE AFTER PLAYING AND GRADUATING FROM NORTHERN KENTUCKY UNIVERSITY IN 2015. THIS IS HER SECOND SEASON AS AN ASSISTANT COACH.

CLINIC SCHEDULE:
8:30-9:00AM REGISTRATION IN SUTCLIFFE HALL
9:00-9:20AM WARM UP
9:20-9:30AM INTRODUCTIONS
9:30-11:00AM STATION WORK
11:00-12:00PM LUNCH BREAK*
12:00-2:00PM STATION WORK

*LUNCH WILL NOT BE PROVIDED FOR CAMPERS, THEY WILL NEED TO BRING THEIR OWN.
Directions to Hazelrigg Gymnasium in Sutcliffe Hall

From the North
Start out going west on W Lexington St/US-68 W/US-152 toward N Chiles St. Take the second left onto S College St/Us-68 W/US-127 S/KY-152. Continue to follow Us-127 S. Turn left onto Harrodsburg Rd/Us-127 Bus S. Continue to follow US-127 Bus S. Stay straight to go onto S Maple Ave. Turn left onto W Walnut St. Turn Right onto College St. Sutcliffe Hall will be on your right.

From the South
Start out going southwest on Oakland St toward W Shelby St/KY-300. Take the first left onto W Shelby/KY-300. Take the second left onto US Highway 127 S/US-127 N. Continue to follow US-127 N. US-127 N then becomes US-127 BUS N. Turn left onto W Main St/US-150 Bus W/US-127 Bus N/KY-52/KY-34. Turn left onto College St. Sutcliffe Hall will be on your right.

From the East
Start out going west on Ky-52/Danville St toward Public Sq. Continue to follow Ky-52. Turn right onto Stanford Rd /Us-150 Bus W/KY-52. Continue to follow US-150 Bus W/KY-52. Turn left onto E Main St/US-150 Bus W/KY-52/KY-34. Turn left onto College St. Sutcliffe Hall will be on your right.

From the West
Start out going east on W 2nd St/US-150 E toward S Jackson St. Continue to follow US-150 E. Us-150 E becomes US-150 Bus E/KY-52. Turn right onto College St. Sutcliffe Hall will be on your right.

Centre College Softball Clinic

Camper’s Name_________________________________________________________ Age________

Address______________________________________________________________

City____________________________________State_______ Zip________

Home Phone (____) ____________________ E-mail________________________________

Emergency Contact_________________________________ Phone (____)______________

Grade in school_________ Grad Year_________ Name of school_____________________

Parent or Guardian__________________________ Insurance Carrier_________________

Please note any medical conditions________________________________________

________________________________________________________________________

I hereby authorize the staff of the Centre College softball clinics to act for me in accordance to their best judgement in any emergency requiring medical attention and I hereby waive and release the Clinic, Staff, and Centre College from any and all liability for any injury or illness incurred while at the clinics. I have no knowledge of any physical impairment that would be affected by the above named camper’s participation in the camp program, as outlined in the brochure. I also understand the clinic retains the right to use for publicity and advertising purposes any photographs of the campers taken at the clinic.

Parent of Guardian Signature_________________________ Date________________________