

**Edgewood High School Softball Clinic – 2019 (4<sup>th</sup>-8<sup>th</sup> Grades)**

**When:** Thursday, March 28, 2019, 9:00-12:00 **Where:** Krantz Center, Edgewood High School

**Cost:** \$25.00 **COACHES: You are invited to attend. Observe our drills and see your players in action.**

Registration Information:

Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone # \_\_\_\_\_ Years played softball: \_\_\_\_\_ Positions: \_\_\_\_\_

**What to bring: Appropriate workout gear...softball glove, tennis shoes, gym shorts, or team uniform pants, helmet (if you have one) and batting gloves. Recommend you NOT bring a bat.**

Clinic information:

8:30-9:00 Check In 9:30-10:30 Stations (IF/OF/Baserunning/Sliding))

9:00-9:10 Introductions 10:30-11:15 Hitting/Bunting

9:10-9:30 Stretching/Warm ups/Every Days 11:15-12:00 Wiffle ball game

Parent/Guardian Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy Holder \_\_\_\_\_ # \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver and Release (Minor)**

I, the parent/guardian of the Registrant, a minor, hereby state that the Registrant is physically capable to participate in the clinic offered. Recognizing the possibility of physical injury associated with participation in the clinic offered by Edgewood High School, I hereby release, discharge and indemnify the school, and everyone involved with the Clinic, including all clinicians, the high school and any other participant, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Clinic. I understand that Edgewood High School does not carry medical insurance for participants in the Clinic. Furthermore, I hereby give my consent for emergency medical treatment/care that may be deemed necessary for the health and welfare of the Registrant. **Initial here:** \_\_\_\_\_

**REGISTRATION: Bring with you to the clinic. Please call or text your daughter's intention to attend the clinic.**

**You may pre-register by text or email, Please, give your daughter's name, age, and your cell number. Bring the completed form and check when reporting. Make checks payable to Edgewood High School Softball.**

**My cell number is 608-843-8936. Email: [Robert.sulser@edgewoodhs.org](mailto:Robert.sulser@edgewoodhs.org)**

**Hope to see you at the clinic!!**

**Bob Sulser**

**Edgewood Varsity Softball Coach**