



**2019  
Pitching/Catching  
CLINIC**

**Clackamas County Girls Softball Association (CCGSA)  
PITCH/CATCH CLINIC REGISTRATION FORM**

**Free Pitching/Catching Sessions!**

(We do ask that you make a one-time \$30-60 (\$5-10 weekly) donation to CCGSA)

- Beginning Pitching Techniques
- Intermediate – Learn techniques for curves, drops, and change ups. (softies and balls provided)
- Catching – Blocking, throwing, mitt position, and other techniques. (bring your catcher’s gear)

**Most emphasis will be on pitching, but there will also be specialized catcher training.  
Each pitcher needs a catcher, either another player or an adult.  
(Successful pitching requires practices outside of these sessions)**

*Coach Samantha Frost, Rex Putnam Varsity Coach will be provide the instruction.*

The training will be held at Rex Putnam High School gym.

Space is limited, so get your registrations in quickly!

**Time 9am-10:30am**

**\*\*\*\*\* 7 Session Sundays (Jan 6, 13, 20, 27, Feb 3, 10, 17th) \*\*\*\*\***

*(The session on Feb 24<sup>th</sup> is a Saturday and will be later in the day at 11:00am)*

Mark One: \_\_\_\_\_ Pitcher \_\_\_\_\_ Catcher

**CCGSA is sponsoring a 6 week pitching and catching sessions/clinic.**

- Depending on the number of registrations, we may have two shifts per Sunday for beginning and intermediate pitchers.
- There will be up to 15 pitchers and 15 catchers per session.
- First come, first serve. For 14U, 12U, 10U, and last year’s 8U players transitioning to 10U this year.
- Players only from CCGSA league teams.
- Email registration to Karla Keller, CCGSA Treasurer, [karlakeller785@yahoo.com](mailto:karlakeller785@yahoo.com) - For?’s call 503-312-9735

**Location: Rex Putnam High School 4950 SE Roethe Rd, Milwaukie, OR 97267**

Arrive early the first day, it can be hard to find the location in the gym.  
Bring your mitts & catcher’s gear. Softies, balls, and other pitching tools will be provided.

Minor Waiver & Release of Liability: In consideration of Rex Putnam making any equipment and/or facilities available while participating in the clinic. The undersign releases Rex Putnam and all employees, coaches, and players from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the undersigned player’s participation in this clinic. Rex Putnam encourages all families involved with athletes to obtain health insurance.

**PLAYER NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE 1:** \_\_\_\_\_ **Emergency Name** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_  
**ASSOCIATION** \_\_\_\_\_ **TEAM (if known)** \_\_\_\_\_ **10U** \_\_\_ **12U** \_\_\_ **14U** \_\_\_  
**Parent/Guardian Name (Print)** \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Email:** \_\_\_\_\_