

CLINIC DESCRIPTION

Each camper will receive personalized instruction from GLVC coaches and student athletes. Through specialized stations, the clinics will focus on the development of individual player fundamentals as well as team concepts.

The GLVC softball youth clinic will focus on providing instruction in the proper techniques of hitting, bunting, base running, sliding, stealing, fielding, throwing, position play, team strategies, mental strategies and more. For optimal learning, participants will be split into beginner and advanced groups based on skill level.

ABOUT THE CLINIC

- **Defensive Clinic:** The defensive clinic will focus on playing winning defense as an individual and as a team. Learn rundowns, the transition game, various bunt defenses and more.
- **Hitting Clinic:** The hitting clinic allows participants to learn the proper techniques of hitting, bunting, running slap, how to work the strike zone and how to prepare for your next at-bat.
- **Pitching Clinic:** The pitching clinic allows participants to learn the fundamentals of pitching, including the art of throwing.

FEES AND INFORMATION

The youth clinic is FREE and open to the public, however participants must complete the registration in its entirety and return two weeks prior to clinic date, April 18, 2013.

ENROLLMENT

Applications will be accepted on a first-come, first-serve basis. Please return the registration application to:

Great Lakes Valley Conference
ATTN: Softball Youth Clinic
201 S. Capitol Avenue
Pan Am Plaza #560
Indianapolis, IN 46225

CLINIC DATES/TIMES

Thursday, May 2, 2013 Registration: 4:30-5 p.m.
Clinic : 5:30-7 p.m. BBQ Cookout: 7-8:30 p.m.

WEATHER INFORMATION

In case of inclement weather, please call (xxx) xxx-xxxx on the morning of the clinic for field conditions and instructions.

LOCATION/PARKING

The clinic will be held in East Peoria at the EastSide Centre located at 1 EastSide Drive, East Peoria, IL 61611. Free parking is available.



AGE/WHAT TO BRING

Girls, ages 6-13 are eligible to participate in the clinic. Bring your glove, cleats, and a bat. Be sure to put your name on your equipment because others may bring the same kind of gear.

LIABILITY STATEMENT

I will allow in my absence the above name child to be treated by camp personnel or admitted to any hospital or medical facility for diagnosis and treatment for diagnosis and treatment. I understand that I will not hold the Great Lakes Valley Conference or EastSide Centre financially responsible for any treatment or injury that may result from accidental injury.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

CLINIC REGISTRATION FORM

(Please print and complete entire form)

NAME: _____

DATE OF BIRTH: _____ AGE: _____

SKILL LEVEL: _____ YEARS PLAYED: _____

ADDRESS: _____

SCHOOL: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____

MOBILE PHONE: _____

WORK PHONE: _____

EMAIL: _____

T-SHIRT SIZE: _____

BAT: RIGHT _____ LEFT _____ BOTH _____

THROW: RIGHT _____ LEFT _____ BOTH _____

PITCH: RIGHT _____ LEFT _____ BOTH _____

ALLERGIES: _____



Great Lakes Valley Conference Softball Youth Clinic



Thursday, May 2, 2013

EastSide Centre

1 EastSide Drive
East Peoria, IL 61611
(309) 698-5437

ABOUT THE GLVC

Established in 1978 with a commitment to the purposes, fundamental policies and basic principles of the National Collegiate Athletic Association, the Great Lakes Valley Conference (GLVC) has grown to embody the vision established by the founders of the organization and has melded athletic and academic excellence for 34 years.

The GLVC, which at one point over the past decade grew to 17 members and was the largest athletic conference in the country in any division, has fully embraced NCAA Division II. Although formed and developed as one of the nation's premier basketball conferences, the GLVC now sponsors 18 championship sports, including football, and is one of the nation's top NCAA Division II conferences.



Proud members of NCAA Division II

The conference headquarters are located in downtown Indianapolis, one of the many major Midwest media markets in which the league maintains a presence. The GLVC has schools in Milwaukee/Northern Illinois (UW-Parkside), Chicago (Lewis), Indianapolis (Indianapolis), Louisville (Bellarmine), Evansville (Southern Indiana), Springfield, Ill. (Illinois Springfield), Springfield, Mo. (Drury), Owensboro (Kentucky Wesleyan), Kansas City (Rockhurst, William Jewell) and St. Louis (Maryville, McKendree, Missouri-St. Louis).

The conference sponsors 18 championships in baseball, basketball, cross country, football, golf, soccer, indoor and outdoor track and field, and tennis for men and basketball, cross country, softball, soccer, tennis, indoor and outdoor track and field, golf, and volleyball for women.

GLVC SOFTBALL CLINIC MEDICAL CONSENT AND TREATMENT RELEASE

Child Name: _____

Check one of the following and sign below.

In the event of illness or injury, I understand that every attempt will be made to treat my child's injury or illness by the clinic medical staff. In the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel selected by the Clinic, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery for, and to take any other medical actions necessary to treat my child. I will be responsible for any medical, or other charges connected with my daughter's attendance at clinic and acknowledge that Clinic will contact me at the numbers I provide below if such measures are taken.

I do not want any type of medical treatment provided to my child.

Print Parent/Guardian Name _____

X _____
Parent/Guardian Signature Date

MEDICATIONS, ALLERGIES, and MEDICAL HISTORY

1. What medication(s), if any, is the clinic participant presently taking? Please give details.

2. Will the clinic participant bring this medication to clinic?
YES NO

If yes, will the clinic participant need assistance when taking medication? YES NO

If so, what type of assistance?

3. Is the clinic participant allergic to any drugs, bee stings, foods, etc.? YES NO
If yes, please specify.

4. Are there any physical restrictions placed upon this clinic participant? YES NO

By signing, I agree that the above information is true and correct.

X _____
Parent/Guardian Signature Date