BLOOMSBURG SOFTBALL

2026
Personalized Pitching Clinics
For Girls 10 And Above

Sunday, January 18, 2026

The Personalized Pitching Clinic features three students for one pitching instructor per hour. You choose how many hours of pitching instruction you want. It is recommended that pitchers sign up for no more than two hours of pitching instruction. The instructor will be Bloomsburg head coach/pitching coach Susan Kocher. The Personalized Pitching Clinic will provide instruction for the basic fundamentals of the windmill pitching motion as well as teaching and fine-tuning various pitches - change-up, drop, curve, screw and rise. Troubleshooting and mental aspects of the game will also be stressed. This clinic is for beginner to advanced pitchers. The instructor will adapt the clinic to the skill level of the pitcher.

EACH PITCHER MUST PROVIDE HER OWN CATCHER FOR EACH ONE-HOUR CLINIC

Fee: $50 per one-hour session with Susan Kocher (Bloomsburg head coach and pitching coach)
Make checks payable to: CGA Husky Fund
Mail to: Softball Office, Bloomsburg University, 400 East Second St., Bloomsburg, Pa. 17815
Full payment should be sent in.

QUESTIONS:
Phone Susan Kocher at 570-389-4871 or via email at skocher@bloomu.edu

All participants are required to have a parent/guardian in attendance during the event.
You will receive e-mail confirmation and more information about the pitching clinic upon receipt of your application.

APPLICATION FORM

Name:_____
Address:_____
City/State/Zip: _____
Cell Phone:_____**Grade:**_____**Age:**_____
E-Mail Address: _____
Number of Years Pitching Experience: _____

CLINIC TIMES: Please Check Preferred Time Slot

PITCHING CLINIC ($50/hr)

January 18:

9:00 - 10:00 am _____
10:15 - 11:15 am _____
11:30 am - 12:30 pm _____
12:45 - 1:45 pm _____
2:15 - 3:15 pm _____
3:30 - 4:30 pm _____

BLOOMSBURG HUSKIES SOFTBALL

MUST BE COMPLETED BY PARENT/GUARDIAN

Medical Insurance Information

Company Name:_____

Policy Number:_____

I approve my child's attendance at the Bloomsburg Softball Clinic and certify that she is in good health. If medical attention is required for illness or injury during camp, I grant permission for such care to be rendered. I hereby recognize and understand that the University, the camp director, and/or coaching are not responsible for any injury of any kind that may occur on the way to, during or on the way home from any camp session sponsored by Commonwealth University - Bloomsburg.

Medical Insurance Information

A). I do hereby voluntarily consent to examination and emergency service treatment including the administration of such drugs, infusion and transfusion of blood or blood components deemed necessary in the judgement of the physician(s) (and whomever may be delegated as assistants) of the medical staff of The Bloomsburg Hospital.

B). I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. The undersigned intends to be legally bound hereby.

Note any limitation on the foregoing _____
_____or if none, so indicate

_____

DATE **AUTHORIZED SIGNATURE** **RELATIONSHIP**

_____