



22N Rt. 9W Congers, NY  
[www.Indoor365.com](http://www.Indoor365.com)



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# Softball Skills Clinic Pitching Clinic

Indoor365 is offering a Girls softball clinic  
open to ages 6 -18

All girls Softball teams and players and programs all welcome!

**Tuesdays nights 6-7:30pm April 17,24 May 1,8 @ Indoor365**

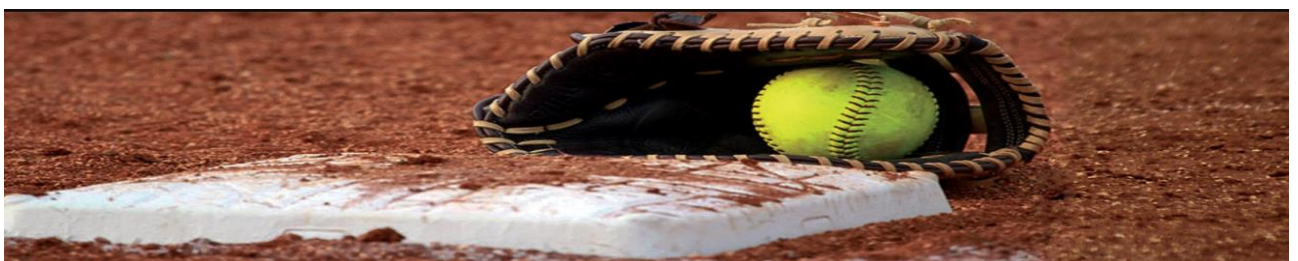
These four 90 minute workouts will focus on pitching, hitting and fielding fundamentals. As well as developmental skills, mechanics and technique.

Spots are limited so sign up today!

Sign up for all 4 - 90 minute sessions and save! Only \$100  
Individual sessions are \$30

Register at [www.indoor365.com](http://www.indoor365.com)

(Registration forms)



• -----  
• Name of Registrant: \_\_\_\_\_

Phone \_\_\_\_\_

• Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

• Emergency Contact: \_\_\_\_\_ Contact #: \_\_\_\_\_

• School: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: Adult S M LG  
XL

• Position (s): \_\_\_\_\_ Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

• **Participation Waiver/Release**

• I, the participant/guardian of the registrant, a minor or an adult registrant of legal age, agree the registrant and I will abide by the rules of the activities. I hereby release discharge, and or otherwise indemnity, The Rockland Astros LLC, Indoor 365 or, its officers, coaches, manager, personnel, its affiliated sponsors, employees and facilities utilized by the program, against any claim by one or on the behalf of the registrant as a result of the registrant's actions. I affirm that the registrants are in sound physical and healthy condition and that the athlete is covered by accident insurance secured independently. As parent/guardian of the registrant, I here by give permission to the participant of to be transported for emergency medical care. I hereby authorize consent for medical care prescribed by a doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb and or well being of the dependent. **I/WE HAVE READ THE AGREEMENT AND UNDERSTAND THE I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT.**

• Signature of Parent/Guardian: \_\_\_\_\_

• Emergency Contact & phone #: \_\_\_\_\_

• Date: \_\_\_\_\_

• **Session Date:**

• **April 17,24, 2018**

• **May 1,8 2018**

• **Tuesday's, 6-7:30pm**

• **Open to all ages 6-18**

• Please Check \_\_\_ 4 Session enrollment \$100 (Single sessions \$30)

• \*Payment can be made day of event as an option, registration is required

• Mail Application & Check to:

• Indoor365

• 22N US Route 9, Congers, NY 10920

• Register online @ [www.indoor365.com](http://www.indoor365.com)

• Registration is limited so sign up today to secure your spot!