



Fourth Annual Shenendehowa Softball College Coaches Winter Clinic

Date: February 17, 2018
Where: Shenendehowa High School East
Time: 8:45-12:00
Who: The clinic is open to 8th-12th grade athletes
Cost: \$70

Clinic Schedule

9-9:30am Warm-up

9:30-10:30am Infield and Out-field Skills and Drills

10:30-11:45am Hitting Instruction, fundamentals and stations

11:45-12:00 Q and A with College Coach

Registration and Payment Information:

Please mail checks and waiver to Kelly Murray at 7 Saxony St, Clifton Park NY 12065.
Please also email Coach Farquharson to reserve your spot: FarqChri@shenet.org
This is a fundraiser for Shenendehowa Softball Booster Club, please make checks payable to "Shenendehowa Softball Booster Club".

Please Complete this waiver and mail with your payment to Shenendehowa Softball Booster Club at 7 Saxony St Clifton Park, NY 12065

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Insurance Waiver

I certify that my child is in good condition and can participate in the scheduled activities. I grant permission for the emergency medical treatment in the event you cannot be reached. Primary accident coverage is the responsibility of the parent.

I, parent/guardian of the registrant, a minor, agree that the registrant will abide by the rules of the College Coach Winter clinic and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration for the College Coaches Winter clinic accepting the registrant for its softball programs and activities, I hereby release, discharge and/or otherwise indemnify the College Coaches Clinic Winter clinic, all board members, coaches and its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for registrants participation in the program. I authorize use of player photos on the website, brochure, or in newspapers.

Player name _____

Parent/Guardian please print name _____

Parent/Guardian Signature _____

Date _____

Insurance Information:

Name of Insurance

Company: _____

Name of Policy Holder : _____

Relationship to Policy Holder : _____

Policy Number : _____

Group Number: _____

Emergency Contact: _____

Emergency Contact Phone #: _____