

# CEDARVILLE UNIVERSITY

## 2019 SOFTBALL WINTER CLINICS OPEN TO 8<sup>th</sup> GRADE & HIGH SCHOOL FRESHMEN, SOPHOMORES, JUNIORS & SENIORS



Our clinics offer quality instruction for players looking to elevate their game and individual skill. The Cedarville University Softball coaching staff and players will provide both group and individual instruction. We are offering three types of clinics this winter: General skills clinic \$80 (covers throwing, fielding, hitting), pitching clinic \$50, and hitting clinic \$50. Players may sign-up for multiple clinics and clinic dates. Head Coach Wes Rowe serves as the Clinic Director and is assisted by his coaching staff and players.

Online or Mail in Registration is acceptable!

All clinics will be held in the  
Dodan Field House,  
Located on the backside of  
Callan Athletic Center

### CLINIC DATES:

Saturday, Jan. 12	10-11:30 AM HITTING CLINIC	\$50.00
Saturday, Jan. 19	9:00-11:00 AM GENERAL SKILLS CLINIC 11:00-12:15 PM PITCHING CLINIC	\$80.00 \$50.00
Saturday, Jan. 26	9:00-11:00 AM GENERAL SKILLS CLINIC 11:00-12:15 PM PITCHING CLINIC	\$80.00 \$50.00
Saturday, Feb. 9	9:00-10:15 AM PITCHING CLINIC 10:15-12:15PM GENERAL SKILLS CLINIC	\$50.00 \$80.00



### FREQUENTLY ASKED QUESTIONS:

**Q: WHAT SHOULD PLAYERS BRING TO THE CLINIC?**

**A:** Ball glove, spikes, tennis shoes, bat, helmet, Cedarville medical release form and clinic payment.

**Q: WHO CAN I CONTACT IF I HAVE QUESTIONS?**

**A:** Assistant Coach  
Kelsey Chapman [kchapman@cedarville.edu](mailto:kchapman@cedarville.edu) 954-856-4404

**CEDARVILLE UNIVERSITY LADY JACKETS SOFTBALL  
2019 WINTER CLINICS: HIGH SCHOOL FRESHMEN, SOPHOMORES, JUNIORS & SENIORS**

**DATE** \_\_\_/\_\_\_/\_\_\_

**NAME (FIRST, LAST)** \_\_\_\_\_

**PARENT/GUARDIAN NAME (FIRST, LAST)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HIGH SCHOOL GRAD YEAR** \_\_\_\_\_ **CURRENT GRADE** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_

**HOME PHONE (\_\_\_\_)** \_\_\_\_\_ **OTHER CONTACT (\_\_\_\_)** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**PLEASE CIRCLE THE CLINIC DATES THAT YOU WOULD LIKE TO ATTEND.**

<b>Hitting</b>	<b>Jan 12</b>		
<b>Pitching</b>	<b>Jan 19</b>	<b>Jan 26</b>	<b>Feb 9</b>
<b>General Skills</b>	<b>Jan 19</b>	<b>Jan 26</b>	<b>Feb 9</b>

**PLEASE MAKE CHECKS PAYABLE TO  
CEDARVILLE UNIVERSITY**

**EACH PLAYER MUST BE COVERED BY A PERSONAL INSURANCE  
POLICY AND SUBMIT A MEDICAL RELEASE FORM IN ORDER TO  
PARTICIPATE IN THE CLINIC.**

**MAIL REGISTRATION, MEDICAL RELEASE  
AND PAYMENT TO:**

*YELLOW JACKETS SPORTS CAMPS  
ATTN: SOFTBALL WINTER CLINICS  
CEDARVILLE UNIVERSITY  
251 NORTH MAIN ST.  
CEDARVILLE, OH 45314*

**PAYMENT:**

CLINIC REGISTRATION: \$ \_\_\_\_\_  
(BASED ON NUMBER OF CLINICS)

TOTAL PAID: \$ \_\_\_\_\_

BALANCE DUE ON ARRIVAL: \$ \_\_\_\_\_

