

CENTENNIAL SOFTBALL CLINIC 2013

This clinic will be devoted into these two areas of focus: pitching and catching; and infield and outfield position play for the first 45 minutes of each session. The second half of each evening will be focused on hitting instruction. All instruction will be provided by the Centennial High School Softball Coaching staff and high school players.

The fee for the clinic is \$40.00 for all eight sessions. This fee also includes a camp T shirt. If you are registering more than one family member there is a five dollar reduction for each additional player. Team registration of six players or more is \$225.00 for the eight sessions.

Each clinic will be held at Centennial H.S. in the west gym. Please enter through the back doors closest to the softball field. Athletes should bring gym attire, their own mitt, gym shoes and their own bats (if you have one).

The session dates are as follows:



Session 1	Monday	January 7th	7:00 - 8:30 pm
Session 2	Monday	January 14th	7:00 - 8:30 pm
Session 3	Monday	January 21st**	7:00 - 8:30 pm
Session 4	Monday	January 28th	7:00 - 8:30 pm
Session 5	Monday	February 4th	7:00 - 8:30 pm
Session 6	Monday	February 11th	7:00 - 8:30 pm
Session 7	Monday	February 18th**	7:00 - 8:30 pm
Session 8	Monday	February 25th	7:00 - 8:30 pm



** Jan. 21st and Feb. 18th are non school days...The clinics will still be held!

In the event of bad weather and school is not open the clinic session(s) will be cancelled.

Registration Form

I grant, _____ (Participant's Name) permission to participate in the softball clinic. I verify that she is in adequate physical condition for the purpose of participating in this clinic. I agree to release Centennial School District and instructors from any and all liability in case of injury due to participation. Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care: I do hereby consent in advance to such emergency care including first aid treatment, transportation to a medical facility and hospital care as may be deemed necessary under the existing circumstances.

Recommendations/restrictions for medical treatment (does not exclude the above disclaimer or consent). Identify:

PARTICIPANTS NAME: _____ CURRENT AGE _____ GRADE IN SCHOOL _____
 ADULT SIGNATURE: _____ DATE: _____
 RELATIONSHIP TO PARTICIPANT: _____ PHONE #: _____
 ADDRESS: _____ CITY: _____ ZIP CODE _____
 SCHOOL ATTENDING: _____ EMERGENCY PHONE #: _____

SIZE OF T SHIRT NEEDED: YOUTH M L ADULT S M L XL XXL (Please circle the size)

Please make any checks payable to CENTENNIAL H.S. SOFTBALL. This clinic is for grades K-8 Players ONLY. You do not have to be an athlete who attends a Centennial District School to participate. Please share this clinic information with anyone interested in preparing for the upcoming softball season.

For further information contact: Steve Baker @ 503.730.8947 or email: steve_baker@centennial.k12.or.us