

SOUTHEAST SOFTBALL

THE 2010 INDOOR SOFTBALL HITTING CLINIC IS
SCHEDULED FOR:

FEBRUARY 6TH, 1:00-5:00 p.m.

THE CLINIC IS OPEN TO AGES 10-18*

THE CLINIC WILL BE IN THE GYMNASIUM ON THE
CAMPUS OF IU SOUTHEAST.

ALL PARTICIPANTS ARE ENCOURAGED TO BRING THEIR
OWN BAT.

THE COST FOR THE CLINIC IS \$50

EACH PLAYER WILL RECEIVE INTENSE INSTRUCTION FROM ONE OF THE TOP
HITTING PROGRAMS IN THE NAIA! WE HAVE FINISHED IN THE TOP 25 IN
OFFENSIVE STATISTICS THE PAST THREE YEARS AND WON THREE STRAIGHT
CONFERENCE CHAMPIONSHIPS! WE CAN HELP YOU BECOME A BETTER PLAYER!

ANY COACHES INTERESTED IN BRINGING THEIR TEAMS SHOULD ASK ABOUT OUR
GROUP DISCOUNT!

*PLAYERS UNDER THE AGE OF 10 CAN STILL PARTICIPATE IF THEY ARE ADVANCED AND UNDERSTAND
THEY WILL BE WORKING AT THE COLLEGIATE LEVEL

2010 INDOOR HITTING CLINIC REGISTRATION FORM

NAME: _____

AGE: _____

SCHOOL: _____

GRADE: _____

ADDRESS: _____

CONTACT #: _____

SOFTBALL POSITION(S): _____

TRAVEL BALL TEAM: _____

COACH: _____

COACHES CONTACT INFO: _____

Participant releases, waives any claims and promises not to sue the Trustees of Indiana University on behalf of its Southeast Department of Athletics, Todd Buckingham, Perry Martin, Mike Nally, Kevin Zollman and any guest clinicians with the respect to any loss incurred during or in connection with her participation in the clinic sponsored by the IUS Athletics and or any activities associated with this clinic. Participant further agrees to hold harmless and indemnify said clinic and/or clinic director/guest clinicians, host establishment resulting from, arising out of or in any way associated with any loss. I/We being parents and/or legal guardian of the participant authorize the IUS Athletics and its agent's permission to request emergency medical treatment or care as necessary to insure the well being of our dependent. Participants, parents, and/or legal guardian understand and agree that any/all expenses incurred as a result of an injury received while voluntarily participating in this activity is the sole responsibility of the participant and not the university. Further, I claim that the registrant has had a physical exam in the past year and was found fit for all physical endeavor.

PARENT/LEGAL GUARDIAN: _____

DATE: _____

PLEASE MAKE ALL CHECKS OUT TO:

IU SOUTHEAST SOFTBALL

