



De Pere Redbird Softball Pitching Clinics - Winter / 2008



These pitching clinics are directed and taught by De Pere High School softball coaches. They are for De Pere Elementary & Middle School students, 8 years and older. All clinics will be held in the De Pere High School gymnasium.

SOFTBALL PITCHING FOR BEGINNERS \$15 per clinic, 10 participants per clinic

This clinic is for new pitchers or pitchers that have yet to see 50% accuracy with their fastball. This is a 4 – session clinic that requires practicing of drills between sessions. Participants must be 8 yrs old and up. Each participant must supply an adult catcher.

Clinic # 1 Dates

Saturday, January 12 – 5 PM to 6 PM
 Saturday, January 26 – 5 PM to 6 PM
 Saturday, February 2 – 1 PM to 2 PM
 Saturday, February 9 – 5 PM to 6 PM

Clinic # 2 Dates

Saturday, February 16 – 5 PM to 6 PM
 Saturday, February 23 – 5 PM to 6 PM
 Saturday, March 1 – 5 PM to 6 PM
 Saturday, March 8 – 5 PM to 6 PM

INTERMEDIATE PITCHING CLINIC \$20 for clinic, 10 participants

This clinic is for pitchers who have game experience and are fairly accurate with their fastball. This is a 3 – session clinic that requires practicing of pitching drills between sessions. Participants will learn what it takes to be a high school pitcher. Generally, participants are in grades 6, 7 and 8. Each participant must supply an adult catcher.

Clinic # 3 Dates

Saturday, March 15 – 4 PM to 6 PM
 Saturday, March 22 – 4 PM to 6 PM
 Saturday, March 29 – 4 PM to 6 PM

Contact information:

Coach Dale Klimek
 920-655-2177
 coachklimek@aol.com

Each player and accompany adult should each bring a glove. Wear athletic clothing & footwear.

Complete this portion of form and return it and your payment* to: *(checks payable to De Pere High School Softball)

Coach Dale Klimek, 2944 Ruby Ridge Ct, Green Bay, WI 54313

CLINIC # 1 CLINIC # 2 CLINIC # 3

Player's Name: _____ Age: _____ Grade: _____

Check school attending

DePere Middle Foxview Altmayer Dickinson Heritage Notre Dame

Address: _____ Phone Number: _____

Parent's E-mail Address: _____

We/I, the undersigned, have adequate insurance and are/am willing to take full financial responsibility for any and all Injuries sustained by our/my daughter _____ (child's name) while participating in clinic activities. We/ I further knowingly and voluntarily waive any and all claims against and forever release the clinic, its employees, volunteers, and the Unified School District of De Pere. My insurance carrier is: _____
 My insurance policy number is: _____ Our/my signature will allow a coach or designated Person to admit our/my daughter to a medical facility and/or care of a physician, if conditions warrant such action.

Parent/legal guardian signature: _____ Date signed: _____

Emergency contact number: _____

Medical concerns: _____