



De Pere Redbird Softball

2008 Spring Youth Clinic

Saturday - April 12, 2008 12 PM to 4 PM



Our Spring Youth Clinic is open to all elementary & middle school DGSA softball participants, ages 6 to 14 years old. De Pere High School softball coaches and players will provide instruction.

Girls will be divided by age/grade. This clinic is scheduled to be held **outside**, on the De Pere High School softball diamonds. Bring appropriate clothing for weather. In the event of rain, we will hold the clinic in the De Pere High School gymnasium.

11:30 AM – 12:00 PM	Registration
12:00 PM – 2:00 PM	Rotate through Softball Skill Stations
2:00 PM – 2:15 PM	Break
2:15 PM – 4:00 PM	Rotate through Softball Skill Stations

Cost: \$20 per participant (includes Redbird Softball T-shirt)

What to Wear – Athletic clothing and footwear for outside play
 What to Bring – Glove, water bottle and bat (optional)

Registration is allowed on day of clinic but **pre-registration is preferred.**

Complete this portion of form and return it and your payment* to: *(checks payable to **De Pere High School Softball**)
De Pere High School Softball, Attn: Coach Klimek, 1700 Chicago St, De Pere, WI 54115

T- Shirt Size (circle one): Youth Large Youth XL Adult Medium Adult Large

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

Check school attending

De Pere Middle Altmayer Dickinson Heritage
 Foxview Notre Dame Other: _____

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: _____