



De Pere Redbird Softball 2008 Spring Youth Clinic

Saturday – **MAY 3, 2008*** 12 PM to 4 PM



*** Note: Clinic was changed from the original date of April 12th to May 3rd, due to poor weather.**
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. Participants will be divided by age/grade

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: _____

