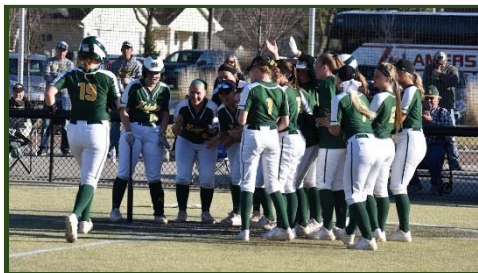
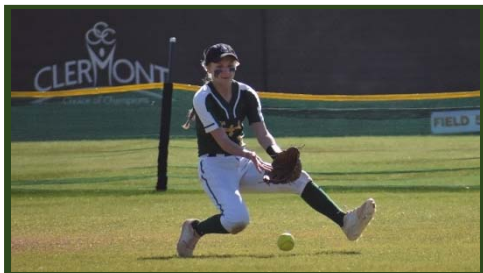


ST. NORBERT COLLEGE

GREEN KNIGHTS



2022 SOFTBALL CLINIC



**OFFENSIVE & DEFENSIVE FUNDAMENTALS:
SUNDAY, MARCH 6**

9:00 am – 11:00 am

Grades 3 – 7

12:00 pm – 2:00 pm

Grades 8 – 12

**Mulva Family Fitness & Sports Center
601 3rd Street, De Pere, WI 54115**

Skill Focus:

Collegiate Level Instruction:

Camp Values:

Equipment Needed:

Hitting
Fielding
Base Running
Team Building

Offense: plate approach, basic hitting mechanics and stance improvement, bunting technique, base running strategy

Defense: fielding approach, body positioning, throwing mechanics, and overall strategy

Fun
Resilience
Teamwork
Improvement
Sportsmanship

Bat
Glove
Pants
Helmet
Gym Shoes
Water Bottle
Batting Gloves

Mail form & entry fee to:

JoAnn Krueger
St. Norbert College
Mulva Family Fitness & Sports Center
100 Grant Street
De Pere, WI, 54115

(920) 403-4080
joann.krueger@snc.edu

www.snc.edu/athletics/
softball

Parent's Name

Address

E-mail

Phone

School

Grade

Name of Camper:

T-Shirt Size:

Youth:

- Medium
- Large

Adult:

- Small
- Medium
- Large
- XL

Total Due: \$60

- Cash
- Check

ST. NORBERT COLLEGE



2022 SOFTBALL CLINIC

SNC SOFTBALL CLINIC PERMISSION & MEDICAL RELEASE

I understand and acknowledge that my child may suffer serious injury by participating in the St. Norbert College Softball Clinic. With full knowledge of the risk enumerated, I hereby authorize the clinic coaches, trainers, and athletic staff, on my behalf, to administer emergency medical treatment to my child attending the above-mentioned clinic. This permission extends the right of those enumerated to arrange for medical personnel, and for them to apply any emergency techniques they deem appropriate to treat any injury or illness sustained by my child.

I hereby agree to release, indemnify, and hold harmless St. Norbert College, Inc. and the Premonstratensian Fathers, and their officers, directors, staff members, and agents from damage, or death to my child or her personal property arising from or in connection with the participation of my child in any of the St. Norbert College softball clinics. Including damages related to medical care as authorized in this statement.

I certify that my child is in good health and able to participate in this camp without risk to her health. I certify that I understand that guests to St. Norbert College athletic events are expected to follow college COVID-19 protocols. In accordance with the CDC guidelines, all visitors are required to wear masks indoors and continue to self-assess for COVID-19 symptoms. I, the guardian of the registrant, agree that I and the registrant will abide by the rules of the clinic. I have read and fully understand the above statements.

Signature of Legal Guardian

Date

Signature of Participant

Date

Family Doctor (or PCP) Name

Doctor Phone Number

Insurance Company

Insurance Policy Number

Known Medical Conditions / Allergies