

# BLOOMSBURG SOFTBALL

**2019**  
**PERSONALIZED**  
**HITTING CLINICS**  
FOR GIRLS 10 AND ABOVE

**JUNE 25-27 • JULY 16-18 • JULY 23-25 • AUGUST 6-8**

Design your own Personalized Hitting Clinic. You choose how many hours and days of hitting instruction you want. The Personalized Hitting Clinic features two students per hour with assistant coach Dee Wolfe.

The Personalized Hitting Clinic will provide instruction for the basic fundamentals of hitting as well as teaching how to hit various pitches within the strike zone. We will also discuss the mental aspects of hitting and talk about taking your swing from practice mode to game mode.

**Fee: \$40 per one-hour session. Make checks payable to: Bloomsburg University**  
**Mail to: Softball Office, Bloomsburg University, 400 East Second St., Bloomsburg, Pa. 17815.**  
**Full payment should be sent in.**

**Questions: Phone Dee Wolfe at 570-389-5354 or via email at dwolfe@bloomu.edu**  
Further information of the personalized hitting clinic will be sent upon receipt of application.

*If these times don't work please  
contact assistant coach  
Dee Wolfe to make  
other arrangements*

## APPLICATION FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Number of Years Playing Experience: \_\_\_\_\_

Clinic Times: Please check preferred time slot (no more than two per day)

HITTING CLINIC (\$40/HR)		HITTING CLINIC (\$40/HR)	
SESSION 1		SESSION 3	
<b>Tues 6/25:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Tues 7/23:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Wed 6/26:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Wed 7/24:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Thurs 6/27:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Thurs 7/25:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
SESSION 2		SESSION 4	
<b>Tues 7/16:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Tues 8/6:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Wed 7/17:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Wed 8/7:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Thurs 7/18:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Thurs 8/8:</b>	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____

## MUST BE COMPLETED BY PARENT/GUARDIAN

### MEDICAL INSURANCE INFORMATION

Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

I approve my child's attendance at the BU Softball Clinic and certify that she is in good health. If medical attention is required for illness or injury during camp, I grant my permission for such care to be rendered. I hereby recognize and understand that the University, the camp director and/or coaching staff are not responsible for any injury of any kind that may occur on the way to, during or on the way home from any camp session sponsored by the Bloomsburg University of Pennsylvania.

### AUTHORIZATION FOR EMERGENCY SERVICE

A.) I do hereby voluntarily consent to examination and emergency service treatment including the administration of such drugs, infusion and transfusion of blood or blood components deemed necessary in the judgement of the physician(s) (and whomever may be delegated as assistants) of the medical staff of The Bloomsburg Hospital.

B.) I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. The undersigned intends to be legally bound hereby.

Note any limitation on the foregoing \_\_\_\_\_  
\_\_\_\_\_ or if none, so indicate

Date	Authorized Signature	Relationship
_____	_____	_____
_____	_____	_____

### PLEASE DESCRIBE THE AREAS OF HITTING YOU'D LIKE TO WORK ON

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY:

Check number \_\_\_\_\_ Amount \_\_\_\_\_  
Response sent \_\_\_\_\_

*If these times don't work please contact  
Assistant Coach Dee Wolfe to make other arrangements*