

BLOOMSBURG SOFTBALL

2019 PERSONALIZED PITCHING CLINICS FOR GIRLS 10 AND ABOVE

JULY 15-17 • JULY 23-25 • JULY 29-31

Design your own Personalized Pitching Clinic. You choose how many hours and days of pitching instruction you want. The Personalized Pitching Clinic features three students per one instructor per hour. It is recommended that pitchers sign up for no more than two (2) hours per day.

The Personalized Pitching Clinic will provide instruction for the basic fundamentals of the windmill pitching motion as well as teaching and fine tuning various pitches – change-up, drop, curve, screw ball, and rise ball. Troubleshooting and mental aspects of the game will also be stressed. This clinic is for beginner to advanced pitchers. The instructor will adapt the clinic to the skill level of the pitcher.

EACH PITCHER MUST PROVIDE HER OWN CATCHER FOR EACH ONE-HOUR CLINIC.

**Fee: \$45 per one-hour session with Susan Kocher (BU head coach and pitching instructor).
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 Susan Kocher at 570-389-4871 or via email at skocher@bloomu.edu

You will receive an e-mail confirmation and more information about the pitching clinic upon receipt of your application.

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)

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 _____

PITCHING CLINIC (\$45/HR)

SESSION 1

Mon 7/15: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

Tues 7/16: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

Wed 7/17: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

SESSION 2

Tues 7/23: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

Wed 7/24: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

Thurs 7/25: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

PITCHING CLINIC (\$45/HR)

SESSION 3

Mon 7/29: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

Tues 7/30: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

Wed 7/31: 2:00-3:00 pm _____
3:15-4:15 pm _____
4:30-5:30 pm _____

