

BLOOMSBURG SOFTBALL

2021
PERSONALIZED
HITTING CLINICS
FOR GIRLS 10 AND ABOVE

JUNE 29-JULY 1 • JULY 13-15 • JULY 20-22 • AUGUST 3-5

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.

Note: All participants must provide proof of COVID-19 vaccination or proof of negative COVID-19 test within 72 hours of event. All participants are required to have a parent/guardian in attendance during the event.

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: _____

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.

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	
Tues 6/29:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	Tues 7/20:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
Wed 6/30:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	Wed 7/21:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
Thurs 7/1:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	Thurs 7/22:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
SESSION 2		SESSION 4	
Tues 7/13:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	Tues 8/3:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
Wed 7/14:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	Wed 8/4:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
Thurs 7/15:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	Thurs 8/5:	10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____

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
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY:

Check number _____ Amount _____

Response sent _____

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

