BLOOMSBURG SOFTBALL

2024 PERSONALIZED PITCHING CLINICS

FOR GIRLS 10 AND ABOVE

SUNDAY, JANUARY 14, 2024

The Personalized Pitching Clinic features three students for one pitching instructor per hour. You choose how many hours of pitching instruction you want. It is recommended that pitchers sign up for no more than two hours of pitching instruction. The instructor will be BU Head Coach/Pitching Coach Susan Kocher. 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 and rise. 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: CGA Husky Fund
Mail to: Softball Office, Bloomsburg University, 400 East Second St., Bloomsburg, Pa. 17815.
Full payment should be sent in.

All participants are required to have a parent/guardian in attendance during the event.

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 Pitching Experience:_____

CLINIC TIMES: PLEASE CHECK PREFERRED TIME SLOT

PITCHING CLINIC ($45/hr)

JANUARY 14

9:30 - 10:30 am	_____
10:45 - 11:45 am	_____
12:00 pm -1:00 pm	_____
1:15 pm - 2:15 pm	_____
2:45 pm - 3:45 pm	_____
4:00 pm - 5:00 pm	_____

BU SOFTBALL

OFFICE USE ONLY:

Check number_____Amount_____

Response sent_____

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**

_____