

ALVERNIA UNIVERSITY PITCHING CLINIC January 14, 2018



9:00 a.m. - 10:30 a.m. Beginner Session
10:30 a.m. - 12:00 p.m. Advanced Session

Jenn Castle, Alvernia University Head Softball Coach, will be holding a pitching clinic Sunday, January 14, 2018. The clinic will offer 2 sessions, Beginners session and Advanced session. Assistant coaches and current players will also be in attendance to help.

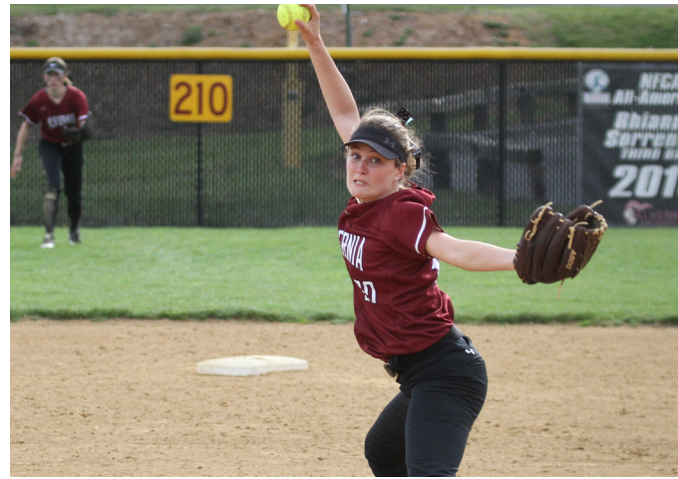
Beginner session: This session is designed for the player interested in learning the basic mechanics of pitching. The motion will be broken down into basic steps with drills appropriate for sound fundamental development. This session is ideal for beginners and anyone who needs to brush up on the basics of pitching. The change-up will also be introduced.

Advanced Session: This session will include a brief overview of basic mechanics followed by an introduction to the change-up, drop ball, rise ball, curve ball and screw ball. Players who select this session must have mastered the basic pitching motion. This session is most appropriate for players who have good command of the fastball and are ready to learn advanced pitches.

Registration will begin at 8:30 a.m. in the Physical Education Center (PEC) for the beginner session and 10:00 a.m. for the advanced session.

All pitchers must supply their own catcher.

Each session is limited to 30 participants.



Cost of the clinic is \$50 per person. A \$25 non-refundable deposit is due by January 8th Please DETACH AND RETURN

Name _____ Address _____
 City _____ State _____ Zip Code _____
 Phone _____ School _____ Grade _____
 Email _____ T-shirt Size _____ Session 1 _____ Session 2 _____

RELEASE AND WAIVER intending to be legally bound, I, the undersigned, individually and as parent/guardian of _____ a minor, ask that he/she be admitted to participate in the Golden Wolves Softball Clinic, sponsored by Alvernia University, and Coach Staff. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless, Alvernia University, Coaching Staff, team members, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Softball Clinic or in the course of competition and/or activities held in connection with the Softball Clinic. Parent/Guardian Signature Date MEDICAL TREATMENT AUTHORIZATION I hereby authorize the coaches/staff involved in the Softball Clinic to act for me, the parent/guardian of _____, a minor, according to their best judgment, in any emergency and/or when medical attention is required. Medications: _____
 Allergies: _____ Parent/Guardian Signature Date Health Insurance
 Provider: _____ Policy #: _____

Make check or money order payable to: Alvernia University Softball
 Mail to: Alvernia University, Jenn Castle, Head Softball Coach, 400 Saint Bernardine St., Reading, PA, 19607
 Any questions, please contact Jenn Castle at (724) 986-1112 or jennifer.castle@alvernia.edu