



2012 LIBERTY SOFTBALL CLINIC

Sunday, March 11th, 2012 - \$35.00/player

Who: Girls in grades 1-8

When: 12:30-3:00 (Throwing, Catching, Fielding, Hitting & Base Running)
3:15-4:00 (Beginning Pitching and Catching)

Where: Liberty High School Gym

Cost: \$35.00/player (\$50.00 maximum per family)

Coaches: Liberty High School Coaches and Liberty Softball Players

Clinic Philosophy: This clinic will focus on individual skill development in preparation of the upcoming spring and summer softball season. Girls will be grouped with others with similar skill levels.

Questions??: Call Liberty head softball coach Nolan Meeuwsen @ 503-538-5371 or e-mail: nolour@comcast.net.

Campers will receive Liberty Softball Camp T Shirt

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12:30-3:00 pm (Throwing, catching, fielding, hitting, & base running)

3:15-4:00 pm (Beginning pitching & catching)

Our clinic is offered to girls in grades 1-8 interested in improving their skills in softball. No experience is necessary. The clinic instructors will include the Liberty High School coaching staff and the Liberty High School varsity softball team. The clinic will take place in the gyms at Liberty High School. Please wear tennis shoes and bring your softball glove and bat if you have one. **On site registration will begin at Noon.** The cost of the clinic is \$35.00.

If you have any questions call Liberty head softball coach Nolan Meeuwsen at 503-358-5371 or e-mail: nolour@comcast.net

Name: _____ Phone: _____

School: _____ Grade: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

Email: _____

In consideration of the acceptance for registration, I authorize the clinic staff to direct my child in participating in clinic activities. I know of no medical or emotional problem which may affect her ability to safely participate in the Liberty Softball Clinic. I hereby release the clinic staff, Oregon Thunder Softball, Liberty High School and Hillsboro School District from any liability that may arise from illness or injury and authorize the clinic staff to act for my child in accordance with their best judgment in the case of an emergency.

Parent/Guardian Name: _____

Signature: _____