



2020 HITTING CLINIC

Clackamas County Girls Softball Association (CCGSA)
HITTING CLINIC REGISTRATION FORM

Free Hitting Clinic!

(We do ask that you make a one-time \$10-20 donation to CCGSA. This will be used for North Clackamas Park field rental for batting practices later this season).

Knock the dust off your swing, get ready for the 2020 season!

Kirsten Smith, Varsity Coach, and the La Salle Prep Softball Program

Focus on the fundamentals and quality individual hands-on instruction.

5 batting stations - Hitting Techniques and Review

Video of participants for swing evaluation, as time allows.

CCGSA has partnered with La Salle Prep high school for two 4 week hitting clinic sessions:

- There will be 2 sessions each night, please select your session preference.
• There will be up to 15 participants per session, total of 60 participants per 4 week session.
• First come, first serve. For 10U, 12U, and 14U players only from CCGSA league teams.
• Email registration to Karla Keller, CCGSA Treasurer, karlakeller785@yahoo.com - For?'s call 503-312-9735

DATES: Mark your preference (one session only each player):

Session A1 - 1st 4 weeks - Wednesday (Jan 29, Feb 5, 12, 19) Time 7:00p - 8:00p

Session A2 - 1st 4 weeks - Wednesday (Jan 29, Feb 5, 12, 19) Time 8:00p - 9:00p

Location: NW Futures - 5811 SE International Way, Milwaukie, OR 97222 (should be much warmer ☺)

\*\*Please bring your bat and helmet \*\*\*\* Please arrive 15 minutes early\*\*

Minor Waiver & Release of Liability: In consideration of NW Futures and La Salle Catholic College Preparatory making any equipment and/or facilities available while participating in the clinic. The undersign releases NW Futures and La Salle Catholic College Preparatory and all employees, coaches, and players from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the undersigned player's participation in this clinic. NW Futures & La Salle Catholic College Preparatory encourages all families involved with athletes to obtain health insurance.

PLAYER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ Emergency Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

ASSOCIATION \_\_\_\_\_ TEAM (if known) \_\_\_\_\_ 10U \_\_\_ 12U \_\_\_ 14U \_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Email: \_\_\_\_\_