

2008 Iowa State Softball Skills Clinics

Register online at www.cyclones.com

Clinic Staff

Stacey Gemeinhardt-Head Softball Coach
Gary Hines-Assistant Softball Coach
Crystal Turner-Assistant Softball Coach
Current ISU Softball Players

Cancellations/Refunds

If an application is withdrawn 14 days or more before the start of camp, you will receive a refund. No refunds will be issued within 14 days prior to the first day of camp. Should a participant leave camp due to an injury or illness, the camp fee is non-refundable.

Health and insurance

The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries occurring during the sports clinic.

Facilities

The softball Clinics will be held in the Lied Recreation Center on the Iowa State University Campus. The Lied Recreation Center is considered one of the nation's premier athletic facilities.

Important for parents

Completed and signed release forms must be on file to participate, no exceptions.

Check-in

Check-in for each clinic is one hour before the scheduled start time.

Defensive skills clinic-ages 8-18-\$50

This clinic features excellent instruction on all basic fundamentals of defensive softball for all levels of play. Individual skill development will be taught in each of these areas: throwing, fielding, infield and outfield skills.

Date: January 12, 2008

Time: 9am-12pm

Offensive skills clinic-ages 8-18-\$50

This clinic features hitting breakdown and instruction with drills for skill development. Learn to hit and bunt correctly to maximize offensive ability.

Date: January 13, 2008

Time: 9am-12pm

Equipment

Participants need to provide a glove, bat, helmet (if possible) and suitable workout gear. Catchers will need to bring gear for catching session.

--NOTE: Lunch will not be provided.--

2008 Cyclone Softball Skills Clinic Registration Form

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Parent/Guardian Phone:(____) _____

Parent/Guardian Name: _____

Emergency Phone:(____) _____

Age: _____ Grade: _____

Position: _____

Email address: _____

Check the box beside the clinic(s) of your choice

January 12

☐ Defensive Skills Clinic (\$50)

January 13

☐ Offensive Skills Clinic (\$50)

Make check payable to and return to:

*Cyclone Softball Camp
Jacobson Athletic Building
Ames, IA 50011-1140*