

KERNS SOFTBALL TWO-DAY CLINIC

JUNE 23 AND 24, 2010

The two-day Kerns softball clinic will focus on teaching and practicing of all softball skills. Great for beginners and advanced players. Participants will be grouped according to age and ability.

Including: pitching, catching, hitting, bunting, base running, infield/outfield and specific positional practice.

COST: \$135.00

TIMES: 9:00am-Noon and 1:00pm-4:00 pm

VIDEO ANALYSIS AVAILABLE FOR HITTING AND PITCHING \$25.00 extra (DVD to take home)-Compare your swing or pitching technique to the professionals.

Players are responsible for their own lunch.
BRING BAG LUNCH.

INSTRUCTORS:

JANE WORTHINGTON, HEAD COACH
EASTERN KENTUCKY UNIVERSITY

MEGAN INK, ASSISTANT COACH
EASTERN KENTUCKY UNIVERSITY

KELLEY ANDERSON, PRIVATE INSTRUCTOR
MADCO SPORTS

PAST AND CURRENT EKU PLAYERS

CLINIC LOCATION: Gertrude Hood Field on the Campus of Eastern Kentucky University. Richmond, KY

CLINIC will be limited to **50** participants to ensure an instructor to player ratio of 1:6

CAMPERS WILL RECEIVE OFFICIAL CAMP T-SHIRT.

APPLICATION

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
*EMAIL: _____
POSITION(S): _____ AGE: _____
T-SHIRT SIZE: _____ GRAD YR _____
*Confirmation will be sent via email

Payment Method: \$135.00 Total Enclosed
 Visa Mastercard Check

Credit Card # _____ Exp. Date _____

Signature of Cardholder _____

VIDEO ANALYSIS PITCHING HITTING
ADD: additional \$25.00 per analysis

I hereby request that you accept this application for the Worthington's Kerns Softball Camp and allow my child, _____ to participate in the Camp during the dates set forth in this application and for which I have applied. I recognize that there are dangers, risks and possible injuries to Child which are inherent in and may result from participation in Camp activities. In consideration of your acceptance of this application and allowing Child to participate in the Camp, I hereby release Worthington's Kerns Softball Camp, authorized Camp personnel, Eastern Kentucky University, including its regents and employees from any liability, cost or damages should any injury or illness occur to my child while participating in the Camp or which may in any way arise from or relate to the Camp, including serious injury or even death. I have instructed Child to obey all rules, regulations and instructions of the Camp Sponsor, including all authorized Camp personnel, in an effort to help minimize such risk. My Child is in good physical health and fitness to allow him to participate in the Camp. In the event of possible injury, I give permission for the administration of emergency medical care to Child I agree to be responsible for all costs which may be associated with medical care provided to child. Below is the applicable and accurate medical and insurance.

I also give permission for photographs to be taken of my child at camp and used in future Worthington softball camps.

INSURANCE COMPANY: _____
INSURANCE POLICY # _____

Any and all restrictions, medical conditions, allergies or medications applicable to child:

I have fully read and agree to the terms of this Release and Authorization for Medical Treatment and photographs.

Parent/ Guardian Signature: _____
Print Name: _____
Date: _____

First Emergency Contact Name: _____
Home Phone# _____ Cell # _____

Second Emergency Contact Name: _____
Home Phone# _____ Cell # _____

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ENROLL TODAY CALL: 859.622.1246

LIMITED SPACE DEADLINE: JUNE 15



JUNE 23 AND 24, 2010

Ages:
8-18

KERNS SOFTBALL
BEGLEY 201
RICHMOND, KY 40475

KERNS TWO-DAY SOFTBALL CLINIC JUNE 23 AND 24 AGES: 8-18