

Carmel Softball Clinic 2012

When: March 17th, 2012

Where: Carmel High School Fieldhouse

Instructors: Carmel High Softball Team-
with assistance from the CHS Softball Staff

Times:

Registration: 9:00 AM

Clinic: 9:30 AM - 12 PM

Cost: \$25 Advance Registration-\$30 At Door

Participants: Girls in K-6th grade

- Receive a camp t-shirt (***guaranteed to those preregistered**)
- Autograph session with the team following the clinic
- Meet and interact with ALL current CHS players

Requirements:

- Tennis Shoes
- Glove
- Bats/Helmets provided (you may bring your own)
- Sweatpants are recommended

Carmel Softball Philosophy

This opportunity will be a valuable tool for the development of youth softball. Participants will learn our basic drills and techniques that will enable them to become a better softball player.

Our current players, along with our staff, will give hands-on instruction focusing on the fundamentals.

The camp will include defensive skills such as throwing mechanics, fielding techniques, outfield skills, and position play. Offensive drills will focus on proper mechanics of the swing, bunting, base running and sliding.

This experience will both be enjoyable and rewarding. It is the vision of the Carmel High School Softball Staff/Team that through our clinic, Carmel Softball will establish and gain a strong tie between our current and future players.



Please fill out the form below and send it to:

Emily Good
Head Softball Coach
Carmel High School
520 E. Main St.
Carmel, IN 46032

*Carmel Softball Camp 2012
Registration Form*



Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Grade: _____

Shirt Size: YS, YM, YL, AS, AM, AL (please circle)

Cost \$25/player (Pre- Registration) \$30 (Walk-In)

Make checks payable to: **Carmel High School**

Amount enclosed: \$ _____ (Do Not Mail After 3-13)

Check Number: _____

Consent to Treatment Limitation and Waiver of Liability

I do hereby waive, release and discharge Carmel Clay Schools and the respective staffs, employees, successors, and assigns, of and from any and all rights and claims for damages resulting from injury of the above-named person or property, which may be sustained or suffered by the above-named in connection with the association with our participating in the Carmel Softball Camp. I, the parent/guardian, agree to the above waiver and release the join therein.

Further, I hereby grant permission to the staff and other qualified personnel any medical or surgical consultant deem advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I understand that all possible effort will be made to inform me in case of such treatment.

Parent or Legal Guardian's Name (Printed) _____

Parent or Legal Guardian's Name (Signature) _____

Daytime Phone _____ Cell _____

Emergency Contact _____ Phone _____