

“FAST-PITCH FRENZY” SOFTBALL CLINIC

SPONSORED BY
LINCOLN SPORTS CAMPS

www.LincolnSportsCamps.weebly.com
401-766-2897 for more information

Who: Girls ages 7-12 with an interest in learning more about the fundamentals of fast pitch softball

Where: Sessions will be conducted in the Lincoln High School Gym

When: 5 Sessions, all on Sundays afternoons from 1:30-3:00 p.m.

February 4th, February 11th, February 18th, February 25th and March 4th

What: Fundamental Instruction to more advanced instruction in the basic skill areas of the game (hitting, pitching, throwing, fielding)

Who: led by Alyssa McCoart (Gatorade Player of the Year in 2013) and members of the Lincoln High School softball program.

Cost is \$65.00 (pre-registered by January 28th) includes facility, instruction and camp tee shirt. Cost is \$75.00 for registrations received after January 28th

(Checks payable to **Lincoln Sports Camps**)-Mail payment with application form)

Detach/ Mail: Lincoln Sports Camps c/o Jon Bruckner 8 Birchwood Drive, Manville RI 02838

Name: _____ Age: _____

Contact Number: _____ Email: _____

Street Address: _____ City: _____ Zip: _____

Softball Clinic 2018

I, _____ (participant) acknowledge that I have voluntarily applied to participate in the Lincoln Sports Camps summer program.

I forever release Lincoln Sports Camps, the respective directors, employees, volunteers and representatives (collectively releases) from any and all action, claims or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death or property damage related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused by any release, or the condition of the premise where these activities occur, whether or not I am then participating in the activities. I verify that the dangers of the activities and the significance of this release and waiver were explained to the participant and that the participant understood them.

Participant Releaser Parent or Guardian

Signature: _____

Dated: _____

Child's Name: _____

Age: _____