



# ***CORNELL RAMS***

## ***Softball All Skills Clinic***

**WHEN:** February 9<sup>th</sup>, 2020

**4<sup>th</sup> – 12<sup>th</sup> Grade: 10am-1:00pm**

**Check-in: 9:30am**

**Infield/Outfield/Hitting: 10am-12:30pm**

**Pitching/Catching: 12:30pm – 1:00pm**

**\* Pitching and Catching are separate but doesn't cost extra.**

**\* Please bring a catcher for pitching portion.**

**WHERE:** Check-In will take place at Cornell College's Small Multi Sport Center Field House.

**WHY:** The All skills softball clinic is designed to provide an opportunity for all around skill development, fun, competition, and exposure. Players will get a chance to go through college type practices, drills and workouts.

**WHO:** Players who will be in grades 4<sup>nd</sup> – 12<sup>th</sup> during the 2019-2020 school year.

**LEADERSHIP:** Instruction will be provided by the Cornell College Softball Staff and current Cornell College Softball Players.

**COST:** The cost for the All Skills Clinic is \$35 and payable to Cornell College Softball.

**REGISTRATION DEADLINE:** February 8<sup>th</sup>, 2020.

**MORE INFORMATION CONTACT:**

Jackie Sernek  
Head Softball Coach  
Cornell College  
319-895-4411 (office)

EMAIL: [Jsernek@cornellcollege.edu](mailto:Jsernek@cornellcollege.edu)

**CORNELL COLLEGE SOFTBALL ALL SKILLS CLINIC REGISTRATION**

**Name:** \_\_\_\_\_

**Parent's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email** \_\_\_\_\_

(You will receive email to confirm your registration and schedule changes because of weather)

**High School:** \_\_\_\_\_

**Year in School:** \_\_\_\_\_ **Bat** \_\_\_\_\_ **Throw** \_\_\_\_\_

**POSITION(S):** \_\_\_\_\_

**CELL # :** \_\_\_\_\_

**Participating in Pitching/Catching Portion: (Please circle one)**

**Pitching**

**Catching**

## CORNELL COLLEGE CAMP ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND MEDICAL CONSENT FORM

I, the undersigned camp athlete, do hereby expressly and affirmatively state that I voluntarily wish to participate in the Cornell College Softball Clinic. I realize that my participation in this activity inherently involves risk of injury, including but not limited to the following: death, neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, injury to the skeletal system, and injury or impairment to the body's general health and well-being. In addition, I acknowledge that injury may also result in serious impairment of future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life. These types of injuries may result from my own actions, the actions or inactions of others, or a combination of both. I understand that the rules and regulations are designed for the safety and protection of participants and I hereby agree to abide by the rules and regulations administered by the camp staff. I also understand that certain activities require a minimum level of fitness for safe participation. I acknowledge that I fully understand the contents of this Acknowledgment and Assumption of Risk statement before signing the same and have had an opportunity to ask questions. All questions I have asked have been answered to my complete satisfaction. Having done so, I agree to assume any and all potential risks of these activities and agree to hold Cornell College, its officers, employees and agents harmless for liability as it relates to this activity. I hereby grant permission to the Cornell College softball staff, team physician, athletic trainers and other medical personnel to render aid, emergency treatment, medical or surgical care, preventative, rehabilitative care deemed reasonably necessary to my health and well being.

\_\_\_\_\_  
Athlete Signature Date

\_\_\_\_\_  
Parent(s) or Legal Guardian Signature Date

CONTACT INFORMATION IN CASE OF  
EMERGENCY :

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_