



CORNELL RAMS

Softball All Skills Clinic

WHEN: December 14, 2019

4th – 12th Grade: 8am-11:30am

Infield/Outfield/Hitting: 8am-11:00am

Pitching/Catching: 11:00am – 11:30am

*** Pitching and Catching are separate.**

*** 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 4nd – 12th during the 2017-2018 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: December 13, 2019.

MORE INFORMATION CONTACT:

Jackie Sernek

Head Softball Coach

Cornell College

319-895-4411 (office)

EMAIL: 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 _____