

# Coshocton Softball Pitchers / Catchers Clinics

Clinic Dates: June 6<sup>th</sup> and June 13<sup>th</sup> at Stewart Field Softball Complex  
Players going into 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> will be 1:00-2:00 with registration at 12:30  
Players going into 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> will be 3:00-4:00 with registration at 2:30

Pitchers will need to have someone available to catch for them in case there are not enough Catchers at the clinic  
Catchers will need to bring their catchers equipment  
We will be providing instruction on the fundamentals and techniques for both pitchers and catchers  
Each position will have separate instruction as well as combined with each other

Instructors will be Coshocton High School Coaches with assistance from past players

**PARENTS MAY STAY BUT WILL ONLY BE ALLOWED ON THE FIELD IF THEY ARE CATCHING FOR A PITCHER**

Cost: **FREE!!**

**THIS WAIVER FORM MUST BE COMPLETED DURING REGISTRATION .**

I wish to enroll in the Coshocton High School Softball Pitchers / Catchers Clinic and abide by all the rules and regulations of the school. The director or anyone else connected with the Coshocton Softball Pitchers / Catchers Clinic will NOT BE HELD RESPONSIBLE FOR ACCIDENTS, DENTAL OR ANY EXPENSE INCURRED AS A RESULT OF INJURY. I hereby assume voluntarily any risk, accident or injury to myself as a result of participating in this program. Also, I grant the right to administer all medical services that result from the participation, including emergency and referral if necessary.

Player's Name: \_\_\_\_\_

Fall of 2021 School Year Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

PARENT'S NAME: \_\_\_\_\_ PARENT'S CONTACT NUMBER: \_\_\_\_\_

ALTERNATIVE CONTACT NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

Is player allergic to any medication? YES NO Please explain: \_\_\_\_\_

Is player taking medication? YES NO \_\_\_\_\_

Does player have asthma? YES NO \_\_\_\_\_

Does player have any medical conditions? YES NO \_\_\_\_\_

Parent Signature: \_\_\_\_\_