



De Pere Redbird Softball

Pitching for Beginners Clinic

Winter / 2015



Our beginner pitching clinic is directed and taught by De Pere High School Softball Pitching Coach Kerry Counard. This clinic is designed for De Pere Elementary & Middle School students, 8 years and older. Each session is held at the De Pere High School Gymnasium.

SOFTBALL PITCHING FOR BEGINNERS:

The cost of this clinic is \$30.00 for East De Pere residents and is only [open to the first 12 registrants!](#)

This clinic is for new pitchers or pitchers that have yet to see 50% accuracy with their fastball. This is a **3 - session clinic** that requires practicing of drills between sessions. **Each participant must supply an adult catcher.**

Clinic Dates: Session times will vary.

Sunday, 2/15/15	4:00pm – 5:00pm
Sunday, 3/1/15	2:00pm – 3:00pm
Sunday, 3/8/15	2:00pm – 3:00pm

Contact: Coach Kerry Counard to confirm that you will be attending to assume your spot. (920) 660-3650 or e-mail, kerrycounard@gmail.com

Note: Each player and adult catcher should each bring a glove and wear athletic clothing & footwear.

Complete this portion of form and return form and your payment at first session on Sunday, February 15th: **(make checks payable to: Kerry Counard)**

Player's Name: _____ Age: _____ Grade: _____

Check school attending:

DePere Middle Foxview Altmayer Dickinson Heritage Notre Dame

Address: _____ Phone Number: _____

Parent's E-mail Address: _____

We/I, the undersigned, have adequate insurance and are/am willing to take full financial responsibility for any and all Injuries sustained by our/my daughter _____ (child's name) while participating in clinic activities.

We/ I further knowingly and voluntarily waive any and all claims against and forever release the clinic, its employees, volunteers, and the Unified School District of De Pere. My insurance carrier is: _____

My insurance policy number is: _____ Our/my signature will allow a coach or designated Person to admit our/my daughter to a medical facility and/or care of a physician, if conditions warrant such action.

Parent/legal guardian signature: _____ Date signed: _____

Emergency contact number: _____

Medical concerns: _____