

Part 2 – Emergency Health Information

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Allergies: _____

MEDICAL INFORMATION:

ATHLETE'S INSURANCE COMPANY

POLICY NUMBER

I, the parent/guardian of _____, give permission for my child to receive emergency medical or surgical treatment if necessary. I understand that every attempt will be made to contact me before taking this action. I hereby waive and release Salve Regina University and its affiliates from any liability for any injury or illness incurred while at clinic. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS RESULT OF CLINIC ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during clinic.

Signature: _____

Date: _____

SALVE REGINA UNIVERSITY
100 Ochre Point Avenue
Newport, RI 02840



SEAHAWKS

Winter Softball Clinics

Pitching

Catching

Hitting

Pitching & Catching

Sunday, February 8, 2009
Sunday, February 22, 2009
12 pm – 2pm

Hitting

Sunday, February 15, 2009
Sunday, March 1, 2009
12 pm – 2pm

Salve Regina University
Rogers Recreation Center
Newport, RI

Pitching and Catching Clinic

Dates: Sunday, February 8, 2009
Sunday, February 22, 2009

Time: 12- 2 pm

Ages: Middle School – High School

Fee: \$75



Brief Description of Pitching:

- Learn proper mechanics of pitching, in addition to enhancing the skill level of those with experience.
- Drills will reinforce leg drive and stride, arm speed, wrist snap and follow through.



Brief Description of Catching:

- Learn the basic fundamentals of blocking, receiving, throwing and overall defense.
- Please bring catching equipment!

Hitting Clinic

Dates: Sunday, February 15, 2009
Sunday, March 1, 2009

Time: 12 – 2 pm

Ages: Middle School – High School

Fee: \$75



Brief Description of Hitting:

- Learn the proper mechanics of hitting; stations and drills will reinforce the appropriate grip, stance, weight distribution, stride, hip rotation, and follow through.
- Please bring bat, helmet and batting glove(s)!

Coaching Staff:

Head Coach - Kerri Scroope - 2nd Year
Alma Mater – Stony Brook University

Assistant Coach - Kate Dalizu - 1st Year
Alma Mater- University of Rhode Island

Assistant Coach - LeEllen Lewis - 1st Year
Alma Mater - Roger Williams University

Current Salve Regina Players

REGISTRATION FORM

PART I – APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMERGENCY PHONE _____

EMAIL _____

SCHOOL _____ DOB _____

GRADE _____

POSITION _____

HIGHEST LEVEL OF EXPERIENCE (CHECK ONE):

MIDDLE SCHOOL JV VARSITY

Please register my daughter for following clinic(s):

Hitting (2/15 & 3/1) Pitching & Catching (2/8 & 2/22)

NOTE: Provide own bat, batting helmet, catching equipment and sneakers.

Adult T-Shirt Size: small medium large

Fee: \$75 per clinic/\$140 for both

Make checks payable to: Salve Regina University Softball

Mail to: Coach Kerri Scroope
Salve Regina University
100 Ochre Point Ave
Newport, RI 02840

Space is limited. Please send in by Jan 30th

(See Reversed Side)