

# Lakeland

## COMMUNITY COLLEGE

### INSTRUCTIONAL SOFTBALL CLINIC

- SATURDAY, FEBRUARY 14, 2015 -

FOR MORE INFORMATION CONTACT LAKERS HEAD COACH JEFF MORGANTI AT [SOFTBALL@LAKELANDCC.EDU](mailto:SOFTBALL@LAKELANDCC.EDU) OR 440.487.9443

#### ABOUT THE CLINIC

The Lakeland Community College Softball team clinic will cover multiple facets of the game. Campers will receive position-specific instruction from Lakeland coaching staff and players, the opportunity to showcase their talents, and to learn more about the College and its softball program. Campers will learn skills and drills covering catching, throwing, pitching, hitting, bunting and base running.

#### REGISTRATION

You can **pre-register** by mailing in the registration/waiver form below and payment, postmarked by February 6. You will be able to register on the day of the camp in the Athletic and Fitness Center inside the gymnasium beginning at 10:30 a.m. Space is limited.

#### FACILITY

The camp will be held in the gymnasium on Lakeland's Campus.

#### ADDRESS:

Lakeland Community College  
7700 Clocktower Dr.  
Kirtland, OH, 44094



#### WHAT TO BRING

Wear athletic apparel (t-shirt, shorts or athletic pants). Wear athletic shoes (**NO** Spikes). Bring glove, bat & batting helmet.

#### INFO

##### Sessions (check below):

- ☐ 10:30 AM-11:45 AM (pitchers ages 8-13)  
☐ 11:45 AM-1:10 PM (pitchers ages 14-18)  
*\*pitchers must provide their own catcher*  
☐ 1:10 PM-2:35 PM (hitting/bunting)  
☐ 2:35 PM-4:00 PM (fielding)

**Cost per session:** \$25

Register before Feb. 6 for discount rate:

- \*Two sessions - \$40  
\*\*Three sessions - \$60

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
GRADE \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ POSITION(S) \_\_\_\_\_

**RETURN FORM TO:** Lakeland Community College | Attn: Softball | 7700 Clocktower Dr., L-111 | Kirtland, OH 44094

**Payment Method:** ☐ **Check Enclosed** (make checks payable to Lakeland Softball) ☐ **Cash**

The undersigned warrants and represents that he/she is a parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as the "Camper") and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the Camper. The Camper herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I/We, the parent(s) of the above stated camper understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Lakeland Community College Softball Camp. I/ We hold Lakeland Community College harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the company.

I/We release Lakeland Community College of all legal responsibility and liability.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Emergency Number: \_\_\_\_\_