

CSE Softball Skills Clinic 2012

- Sunday February 19th, 2012
- Check-In at 3:30 PM
- Clinic 4:00 PM to 7:00 PM
- Pizza Reception at 7:00 PM for all players
- Cost \$35.00 includes Clinic, T-Shirt, and Shorts
- Check made out to CSE Softball
- Email Form back to dmajewski@cse.edu
- Or you may mail form back to:

College of Saint Elizabeth Softball

2 Convent Road

Morristown, NJ

- Name: _____
- Address: _____
- City: _____
- State: _____
- ZIP: _____
- Phone: _____
- EMAIL: _____
- GRAD Year: _____

- Shirt Size: _____
- Short Size: _____

Head Coach David Majewski

www.cse.edu/athletics

dmajewski@cse.edu

(973) 632 - 4264



CSE Softball

Skills Clinic 2012

- 3:30 PM Check-In and Distribution of Shirt/Shorts
- 4:00 PM Active Warm-up and Stretching (Ladders, Cone Work, and Agility)
- 4:30 PM Team Building Drills you can use with your own teams
- 4:55 PM Water Break
- 5:00 PM Batting Drills
- 5:30 PM Fielding Drills
- 5:55 PM Water Break
- 6:00 PM Weight Training for Softball
- 6:30 PM Contests
- 6:55 PM Wrap-Up
- 7:00 PM Pizza Reception

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- Release Waiver
- The named participant _____ has my permission to participate in the clinic program. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending certified athletic trainer to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below.
- All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage.
- I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify
- Trustees of College of St. Elizabeth and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.
- Date: _____
- Name of Participant (Print): _____
- Signature of Parent/ Guardian: _____
- Emergency contact: _____
- Emergency phone: _____
- Insurance company: _____
- Policy #: _____

