Notre Dame Softball Fall Hitting and Coaches Clinic

Hitting Clinic: For softball players ages 12 and up.

Coaches Clinic: For travel, high school and recreational level coaches.

Parents who are interested in learning more about the game are also invited to attend.

All clinics are instructed by: Head Coach Deanna Gumpf and the entire Notre Dame Coaching Staff

Dates: October 16th and 17th

Hitting Clinic:

*Enhance your skills in all aspects of hitting *Enjoy individual instruction from the Notre Dame Softball Coaching Staff *Take home drills that will improve your hitting

Coaches Clinic:

*Three hours of instruction, Sunday, October 17th, 2:00-5:00 PM *Learn the proper techniques of hitting, pitching, and fielding to enhance the skills of your athletes

*Take home drills to improve the efficiency and effectiveness of your practices *Learn from the regional coaching staff of the year *Gain important knowledge about the recruiting process

HITTING CLINIC:

REGISTER NOW-ONLY 20 PARTICIPANTS PER SESSION

\$50 PER TWO HOUR SESSION: THREE SESSIONS WILL BE HELD ON SATURDAY, OCTOBER 16TH AND TWO SESSIONS ON SUNDAY, OCTOBER 17^{TH} . PLEASE CHECK THE LINE ON THE REGISTRATION FORM FOR THE SESSION YOU WILL BE ATTENDING.

COACHES CLINIC:

REGISTER NOW-ONLY 75 SPOTS AVAILABLE. COST IS \$50 PER COACH. THE THREE HOUR SESSION WILL COVER HITTING, PITCHING, FIELDING, AND IMPORTANT RECRUITING INFORMATION.

Registration form, Consent to Treatment, and Health Form must be completed and sent along with Full payment to University of Notre Dame, 209 Joyce Center, Notre Dame, IN 46556: Attn: Softball Clinic. Registration deadline is Wednesday, October 13th by

ABOUT THE HITING AND COACHES CLINIC:

All hitting sessions are two hours, coaches clinic is three hours. All instruction will be held in the Notre Dame state of the art Eck Hitting Facility, located next to the baseball stadium. All sessions are \$50, which must be paid in full to guarantee a spot. Due to the limited space no spots will be held without a completed registration form and payment. All cancellations prior to the deadline will receive a refund less a \$20 administrative fee. There will be no refunds for cancellations the day of the clinics. If you have any questions please contact Charmelle @ (574) 631-4778.

PARTICIPANT'S NAME: Last			First		MI		
ADDRESS:		Street	()	City			
State	Zip		Telephone		()		
Age	Grade Saturday	Session #1 (9-11am)	S	n/Coach's Name dession #2 11:30 am-1:30 pm)	Telephone Session #3 (2-4 pm)		
	Sunday Sunday Coaches Clinic	Session #4 (9-11am) (2-5pm)		lession #5 11:30 am-1:30 pm)			

Presents... Fall Hitting and Coaches Clinic with Head Coach Deanna Gumpf and the entire Notre Dame coaching staff Saturday, October 16th and Sunday, October 17th

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University of Notre Dame Joyce Center Softball Office Notre Dame, IN 46556

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2004 Space Signup early!
Limited Space Signup early!

INSURANCE

Accidental death and dismemberment coverage is provided according to schedule and with a maximum principal sum of \$1,000; medical expense coverage is provided with a maximum of \$50,000. Claims up to \$250 per claim are paid on the primary basis, without regard to any coverage parents might have. Claims exceeding \$250 per claim will be paid on the excess basis, meaning that family or employer group coverage must pay its maximum first. This refers to medical expenses incurred because of injury sustained during scheduled and supervised clinic activities. Hernias are not covered. The contracting of illness or disease by camper is not covered under this plan. Payment for medication and/or hospitalization needed by camper as a result of illness or disease is the responsibility of the camper and her parents. Any additional coverage desired will also be the responsibility of participant's parents.

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In partial			tting Clinic, I/we as parents and /or legal guardians				
of do hereby agree to limit the liability of the Notre Dame Hitting Clinics, the University of Notre							
			ich might befall the above named camper while				
	n, or during her attendance at the Noti	re Dame Hitting Clinics, w	hich is not covered by said medical insurance				
policy.							
			niversity of Notre Dame, any medical or surgical				
			er any medical and surgical treatment that they				
deem necessary. I	/we understand that all possible effort	will be made to inform me	e/us in case of such treatment.				
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ramer/Momer of i	Legal Guardian (Print Name)	ramer/Momer of 1	Father/Mother or Legal Guardian (Signature)				
Day Phone	Evening Phone	Day Phone	Evening Phone				
Emangan av Dla		Emangan av. Dl					
Emergency Phone		Emergency Phone	Emergency Phone				