

SOFTBALL CLINIC
for girls between the ages of 8-18 no younger than 8
HOSTED BY
MUSKEGON COMMUNITY COLLEGE
COACHING STAFF

**WHAT: THIS WILL BE A ROUND ROBIN TYPE CLINIC
FOCUSING ON BATTING, FIELDING, AND
SLIDING.**

WHEN: SATURDAY, JANUARY 23, 2010 (8:00 AM-2:00PM)

**WHERE: MUSKEGON HIGH SCHOOL REDMAN POTTER
GYMNASIUM.**

COST: \$20.00 PAYABLE DAY OF CLINIC.

I _____ give permission for my daughter _____
to participate in this clinic. I understand that while all precautions will be taken to ensure the safety of the
players, accidents can happen. I agree not to hold the coaching staff of Muskegon Community College,
Muskegon High School, and any volunteers accountable for injuries incurred during this clinic.

Signature of parent or guardian: _____

In case of medical emergency:

Contact:

Phone: