



LADY COUGARS SOFTBALL CLINIC

JANUARY 21, 8:00 A.M.-12:00 P.M.
FEBRUARY 11, 8:00 A.M.-12:00 P.M.

Clinic Fee: \$30
 SAU Dunckel Gymnasium

CAMP DIRECTOR



DEB THOMPSON
 Head Softball Coach
 Spring Arbor University
 600 Wins
 NCCAA National
 Coach of the Year

DIRECTIONS

Spring Arbor University is located in Spring Arbor, Mich., on highway M-60, seven miles west of Jackson. Dunckel Gymnasium, site of the camp, is located one block north of M-60 on the back side of campus.

Make checks payable to:
 Spring Arbor University Softball

Complete this form and mail to:
 Spring Arbor University ATTN: Softball Clinic st. 20
 106 E. Main St., Spring Arbor, MI 49283

CLINIC DETAILS

JANUARY 21, 2012

Ages 13 – 18

FEBRUARY 11, 2012

Ages 7 – 12

University Fieldhouse – Dunckel Gymnasium

Each camper will receive personalized instruction from the staff. Through specialized stations, the clinic will focus on the development of individual play fundamentals, as well as team concepts. The clinic will provide instruction in the proper techniques of batting, fielding, conditioning, throwing and position play.

WHAT TO BRING:

Glove, sneakers, bat, water bottle and proper attire for activity.

For more information contact:
 Coach Deb Thompson at 517.750.6507
 or debt@arbor.edu

CLINIC INFORMATION & REGISTRATION

Detach and send registration form and payment to SAU ATTN: Softball Clinic, st. 20, 106 E. Main St., Spring Arbor, MI 49283

LADY COUGARS SOFTBALL CLINIC • \$30/player

CAMPER NAME _____
please print

PHONE () _____ () _____
home other

CLINIC (Circle One) **JANUARY 21** **FEBRUARY 11**

AGE _____ GRADE _____

PARENT/GUARDIAN _____

SCHOOL _____

ADDRESS _____

YEARS PLAYED _____

CITY _____

H.S TEAM _____

STATE _____ ZIP _____

TRAVEL TEAM _____

PAYMENT ENCLOSED \$ _____

MEDICAL RELEASE

MEDICAL CARE CONSENT & RELEASE

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that my child is in good physical health and has my permission to participate in all the activities associated with the Spring Arbor University Softball Clinic.

I authorize the directors of the clinic to act in their best judgment in any emergency requiring medical attention. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in an emergency.

I understand that neither Spring Arbor University and the clinic directors, nor anyone else connected with the clinic assumes any responsibility for accidents (medical or dental) or other injuries incurred as a result of attendance at this clinic.

I will furnish insurance for my child.

Parent/Guardian _____

Date _____



COUGARS SOFTBALL

Spring Arbor University
106 E. Main St.
Spring Arbor, MI 49283

COUGARS 2012 SOFTBALL CLINIC



JANUARY 21

Ages 13 – 18

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SAUcougars.com

