



# Stanford Softball



## January 2011 Winter Clinic

For more information call 408-559-9990 or email [info@stanfordsoftballcamp.com](mailto:info@stanfordsoftballcamp.com)

Stanford Softball will be hosting a winter clinic on January 16, 2011. This clinic is a fantastic clinic for Softball PLAYER's ages 12 and up. This clinic is being offered by the Stanford Softball Coaching Staff. Unfortunately, space is limited so we encourage you to sign up early to be guaranteed a spot.

**(Players Clinic)**  
**Sunday, January 16<sup>th</sup>**  
**9:00 am to 3:00 pm**

This clinic is a hands on clinic for those softball athletes (ages 12 and up) ready to take their softball abilities to the next level. Bring your own glove, mitt, cleats. We will review the basic fundamentals of the game of softball. From pitching, fielding, and catching to sliding, outfield play and hitting.

You will receive an email confirmation upon receipt of your registration. Please contact us if you haven't received a confirmation within 7 days of mailing. Stanford Softball is not responsible for lost mail.

Lunch is **NOT** provided. So, please bring a sack lunch.

**\*\* Registration Deadline – January 10, 2011 (Space is Limited) \*\***

Name \_\_\_\_\_ D-O-B \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_  
Email \_\_\_\_\_

(Please print clearly)

**Player's Clinic - \$145.00**

***\*Make Checks Payable to: Stanford Softball\****

#### Statements - Medical Coverage

All clinic participant(s) must have their own medical coverage.

Statement of Disclaimer: I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the clinic participant. I hereby give permission to the staff of the clinic to seek during the period of the clinic appropriate medical attention for the participant and for the medical attention to be given and for the clinic participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment I/We, the undersigned, hereby acknowledge and understand that the Stanford Softball Staff is a privately operated sports camp, and is not operated by or through Stanford University. The clinic is neither sponsored, controlled, nor supervised by Stanford University but rather is under the sole sponsorship, control, and supervision of the Stanford Softball Camps, Inc. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge The Stanford Softball Staff or Stanford University and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation while at the clinics. Cancellation Fee - \$35.00

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

• Please Mail To: **Stanford Softball - Winter Clinic**  
**c/o SaK's Services**  
**879 E. Hamilton Avenue**  
**Campbell, CA 95008**

Questions: **Phone - (408) 559-9990**  
**Fax - (408) 559-0123**

Email: [Info@stanfordsoftballcamp.com](mailto:Info@stanfordsoftballcamp.com)