

WAIVER/RELEASE

I grant permission for my child, _____
to fully participate in the University of the Sciences Softball Clinic.

I acknowledge and understand that participation in the clinic carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I knowingly and freely assume any and all such risks on behalf of my child, and as such, agree to release, hold harmless and indemnify the University, its officers, employees, faculty, students and agents from and against any and all claims, demands, actions, suits, liabilities, damages, losses and expenses, including without limitation, attorney fees and expenses involving or relating to any personal injury or loss resulting from my child's participation in the Softball Clinic.

Date

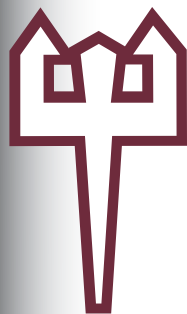
Participant's Signature (If under 18, must be signed by a parent or legal guardian)

QUESTIONS

For questions or more information, please contact Head Coach, Jen Richard, at j.richard@usciences.edu

FACILITIES

Athletic Recreation Center
University of the Sciences
600 South 43rd
Street Philadelphia, PA 19104



2015 USciences Fall Clinic Registration



DEVILS SOFTBALL

FALL CLINIC DATES

SATURDAY NOVEMBER 7th (1:00pm-5:00pm)

Open to any young lady in 4th-8th grade.

SUNDAY NOVEMBER 8th (9:00am-2:30pm)

Open to any young lady in 9th-12th grade.

SUNDAY NOVEMBER 15th (9:00am-2:30pm)

Open to any young lady in 9th-12th grade.

** NOTE: YOUNGER AGE LEVEL CLINIC IS OFFERED ONE DAY

CLINIC INFO

The clinic will be held in the Athletic Recreation Center on the campus of University of the Sciences. The clinic will consist of specific skill sessions with USciences coaching staff as well as current Devils Softball players to improve on skills and techniques.

SESSION DETAILS:

November 7th Open to 4th-8th graders.

1:00pm-2:00pm Session 1: Pitching & Catching

2:30pm-3:30pm Session 2: Hitting

4:00pm-5:00pm Session 3: Defensive Skills (IF/OF)

November 8th & November 15th Open to 9th-12th graders.

9:00am-10:30am Session 1: Pitching & Catching

11:00am-12:30pm Session 2: Hitting

1:00pm-2:30pm Session 3: Defensive Skills (IF/OF)

REGISTRATION:

Register by completing and mailing in the registration form, along with full payment, to the address below:

University of the Sciences Athletics Department

ATTN: Coach Jen Richard, Softball

600 South 43rd

Street Philadelphia, PA 19104

Checks should be made payable to 'University of the Sciences'.

Registration deadline is October 31st!

CLINIC REGISTRATION

Name: _____

Email: _____

Cell Phone: _____ DOB: _____

Grad Year: _____ GPA: _____ SAT: _____

High School: _____

Intended Major(s): _____

Primary Position: _____ Secondary Position: _____

Travel Team: _____

Travel Coach: _____

T-Shirt Size (Adult sizes): S _____ M _____ L _____ XL _____

Please select which camp date that you would like to attend:

_____ SATURDAY NOVEMBER 7th - 4th-8th graders

_____ SUNDAY NOVEMBER 8th - 9th-12th graders

_____ SUNDAY NOVEMBER 15th - 9th-12th graders

Please select which skills sessions that you would like to attend:

_____ Session 1: Pitching & Catching

_____ Session 2: Hitting

_____ Session 3: Defensive Skills (IF/OF)

Price Per Session

1 Session: \$75

2 Sessions: \$100

3 Sessions: \$125

**Contact us about group rates
for groups larger than 3!**



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