



2017 FALL HITTING AND PITCHING CLINICS

Join the University at Albany Women's softball team for our annual Fall hitting and pitching clinics! These clinics are designed for players of all skill levels ages 8 to 17. Through a series of drills and techniques, our goal is to provide a solid skill foundation for young athletes and increase the level of play for advanced players. There will be a 1:2 instructor- athlete ratio for hitting lessons, and 1:3 ratio for pitchers. All athletes will be separated by age and skill level.

Clinics will be held at the University at Albany Bubble/Gym on **October 29, November 5, and November 12** at the times below.

Pitching and hitting clinics are separate from each other, but you may register for both.

Pitching Times

9:00am-10:00am
10:00am-11:00am
11:00am-12:00pm

Hitting Times

10:00am-11:00am
11:00am-12:00pm
12:00pm-1:00pm

The cost is **\$75 for one session on each of the 3 Sundays.**

Admission is \$30 per hour session.

Bring sneakers, your glove, and a catcher for pitchers.

Clinicians:

Pitching Coach Jack Coons
Hitting Coach Joe Reardon
Head Coach Chris Cannata
Assistant Coach Kate Gentile
2017-2018 UAlbany student-athletes

To register please return **ALL** forms with payment made out to University at Albany and mail to:

University at Albany softball office- PE 123 * 1400 Washington Avenue * Albany, NY 12222

Kate Gentile
Assistant Coach
kgentile@albany.edu

www.ualbansports.com

- America East Regular Season Champions: 2004, 2005, 2008, 2011, 2013-
- America East Tournament Champions: 2005, 2006, 2007, 201, 2014, 2017 -
- NCAA Tournament: 2005, 2006, 2007, 2011, 2014, 2017 -
Regional Finalists: 2007 -

2017 FALL HITTING AND PITCHING CLINICS

First Name _____ Last Name _____

Age _____ Grade _____ Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Position _____ Team _____

Select your 1st and 2nd choice from the sessions below, by placing a "1" and a "2" next to your desired time slots (hitting sessions fill up quickly). Priority for sessions will be given to those that sign up for all 3 clinics. If you're signing up for pitching and hitting, please select a 1st and 2nd choice for each.

PITCHING - \$30.00

9:00AM _____

10:00AM _____

11:00AM _____

HITTING - \$30.00

10:00AM _____

11:00AM _____

12:00pm _____

Circle Dates Attending: 10/29 11/5 11/12

University at Albany Fall Softball Clinics Release and Waiver of Liability

I, _____, understand that participating in the UAlbany Fall Softball Clinic is a potentially hazardous activity. I know that I should not participate in these Clinics unless I am medically able and properly trained.

I assume all risks associated with participating in this event, including, but not limited to: falls, contact with other participants, faulty equipment, and all other such risks being known to me and appreciated by me.

Having read this Release and Waiver of Liability, and knowing these facts, and in consideration of the University at Albany accepting my entry to participate in the UAlbany Fall Softball Clinic (hereinafter the "Event") to be held on October 23, October 30, November 6 and November 13 at the University at Albany Campus, Albany, New York, I, intending to be legally bound, do hereby for myself, my heirs, my executors and my administrators agree as follows:

1. I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of participation in the Event against all persons, entities and agencies involved with promoting and holding the Event, including but not limited to the State of New York, the University at Albany and their officers, directors, employees, servants, volunteers and agents.
2. I assume the risk of all bodily injuries, including death, resulting there from, and personal injuries to me and damage to and loss of my property, including loss of use thereof, and any other indirect or consequential damages, resulting directly or indirectly from my participation in this Event and while traveling to and from this Event.
3. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend and hold harmless the entities named above from and against any and all claims, liabilities, losses, damages, costs, expenses (including attorney's fees), judgments, and penalties arising out of any of my, and/or said minors, acts or omissions to act.

Date: _____

(Sign Name of Participant)

(Sign Name of Parent)