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.

<table>
<thead>
<tr>
<th>Pitching Times</th>
<th>Hitting Times</th>
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<tbody>
<tr>
<td>9:00am-10:00am</td>
<td>10:00am-11:00am</td>
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<tr>
<td>10:00am-11:00am</td>
<td>11:00am-12:00pm</td>
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<td>11:00am-12:00pm</td>
<td>12:00pm-1:00pm</td>
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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.ualbanysports.com](http://www.ualbanysports.com)

- 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 1\textsuperscript{st} and 2\textsuperscript{nd} 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 1\textsuperscript{st} and 2\textsuperscript{nd} choice for each.

**PITCHING** - $30.00
9:00AM ________
10:00AM ________
11:00AM ________
12:00pm ________

**HITTING** - $30.00
10:00AM ________
11:00AM ________

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)