CRESCENTA VALLEY HIGH SCHOOL

SOFTBALL SKILLS CLINIC CAMP

The CVHS Falcon Softball team will be hosting a Softball Skills Clinic. The camp will allow softball players of all ages and skill levels to learn from an experienced CVHS coaching staff, Falcon Alumni Division 1 players, and existing Varsity/JV players.

SKILLS TAUGHT

- Throwing
- Catching
- Fielding
- Hitting
- Base Running
- Pitching
- Sliding
- Game Situations
- Scrimmages

CAMP INFORMATION

Ages:	7-13 (2nd-8th Grades)
Date:	Mon, Feb. 8, 2016
Time:	9am-4pm, same day registration 8:30am
Location:	Crescenta Valley High School Softball Field (field entrance at Glenwood/Prospect Ave)
Cost:	$75 early reg-before 1/31/16 $85 after 1/31/16 (reg includes a CV Softball 2015 T-shirt)

Bring a snack and water bottle. Water/Liquids will be available at all times. Lunch will be provided!
Equipment to bring (if you have): Gloves, cleats, bats, batting helmet, and softball pants.

Please label all personal items!

Please complete registration, include payment (checks payable to CVHS Softball Booster Club) by 01/31/16.
Mail to CVHS Softball Booster Club, P.O. Box 272, Verdugo City CA 91046, Attn: Softball Camp Chair.
For further information, contact cvfalconsoftballbooster@gmail.com

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Camper Name: _____ **Age:** _____ **Grade:** _____

Home Phone #: _____ **Parent Cell #:** _____

Parent's Name: _____ **Email:** _____

Circle T-shirt size: **Youth S** **Youth M** **Youth L** **Adult M**

Release/Assumption of Risk for Participation in Voluntary Activity

"I hereby acknowledge that I have read and understand the conditions of the clinic and give my consent for my child to participate. Should my child be injured, Coach Peek has my permission to secure on-the-spot medical treatment (parent will be contacted for direction and notification) and I will be responsible for payment of medical services rendered. I have waived all claims against CVHS, CVHS Softball Booster Club, GUSD, the coaching staff, clinic instructors for injury, accident, illness, or death occurring during or by reason of the clinic. I certify that my child is insured for the medical/hospital expenses resulting from accidental bodily injury while participating in such an athletic event. I authorize the publication of photos taken during the clinic on the CVHS Softball website."

Parent Signature and Date: _____