

**2010  
Chardon H.S.  
Softball  
Players & Coaches  
Clinic**



Clinic is Free to all Chardon Local  
Schools Girl athletes  
\$20 for Girls outside the School  
District

**When:** February 28<sup>th</sup>  
March 7<sup>th</sup>  
March 14<sup>th</sup>

**Players Time:**  
3pm - 5pm

**Coaches Time**  
5pm - 6pm

**Where:** Chardon H.S.  
Gymnasium

**Ages:** 7 - 16

**Players will receive instruction  
in the following skills.**

**Basic fundamentals of hitting**

**Swing Mechanics**

**Bunting**

**Slap Bunting**

**Drag Bunting**

**Proper throwing and catching  
Technique.**

**Fundamentals of Fielding**

**Base running & Sliding**

**Players & Coaches will be  
introduced to Chardon Softball's  
Head Coach Lynn Rose and his  
coaching staff to learn the basic  
philosophies of the program.  
Current C.H.S. Softball players will  
be on hand to assist with the clinic  
and interact with the players.**

**Coaches are encouraged to  
watch all three player  
instruction sessions and stay  
after to meet with Head Coach  
Lynn Rose and his Staff.**

**This Coaches Clinic is designed  
get the softball enthusiast within  
the Chardon community involved  
with our high school program.  
Coach Rose will give the  
following instructional  
information.**

- Fundaments of coaching**
- Defensive Strategies**
- Hitting Details & Drills**
- Suggestive Strategies of a  
Parent coach**

# Chardon Lady Hilltoppers Softball Clinic Registration Form

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall '09: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ /Cell: \_\_\_\_\_

**IMPORTANT: THE FOLLOWING STATEMENT OF WAIVER MUST  
BE SIGNED PRIOR TO PLAYER PARTICIPATING**

1. The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.

2. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging activity and program, and in consideration of the Chardon Athletic Boosters and Chardon Local School District accepting registrant for its program, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the Chardon Athletic Boosters and Chardon Local School District, its employees and agents against any claim for injuries received by the registrant and/or minor(s) as a result of participation in the program and activity or use of the recreational facilities or during transport to or from same, which transportation is hereby authorized.

3. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physical or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well being of the registrant and/or minor (s).

Print Name of Parent / Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to minor(s): \_\_\_\_\_

Signature of Above (Required): \_\_\_\_\_

In the Event of Emergency Contact: \_\_\_\_\_

Relationship to minor(s): \_\_\_\_\_

Phone: \_\_\_\_\_