



UALBANY SOFTBALL

2017 Winter HITTING AND PITCHING CLINICS

Join us for our annual winter hitting and pitching clinics! These clinics are designed for players aged 8 to 17 that are of all skill levels. Through a series of drills and techniques, our goal is to provide a solid skill foundation for younger players and to increase the level of play for advanced players. There will be a 1:2 instructor to athlete ratio in the hitting sessions and a 1:3 ratio for the pitchers. We will do our best to separate the athletes by age and skill level.

Clinics will be held at the University at Albany Gyms and Bubble on Sunday, **January 22, January 29, February 5** and **February 12** at the times below. Pitching and hitting clinics are separate from each other and you may register for both clinics.

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 \$100 for one session on each of the 4 Sundays. Register for both hitting and pitching, and receive a \$10 discount. Admission is \$30 per session.

Bring sneakers and your bat for hitting. Gloves and a catcher for pitchers.

Clinicians:

Pitching Coach Jack Coons

Hitting Coach Joe Reardon

Head Coach Chris Cannata

2016-2017 UAlbany Softball Team

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

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

Chris Cannata
ccannata@albany.edu
www.ualbansports.com

-America East Regular Season Champions: 2004, 2005, 2008, 2011, 2013-
-America East Tournament Champions: 2005, 2006, 2007, 2011, 2014-
-NCAA Tournament: 2005, 2006, 2007, 2011, 2014- Regional Finalist: 2007 –

2017 WINTER HITTING AND PITCHING CLINICS

First Name _____ Last Name _____

Age _____ Grade _____ Skill Level: Beginner ___ Intermediate ___ Advanced ___

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. Priority for sessions will be given to those that sign up for all 4 clinics. If you're signing up for pitching and hitting, please select a 1st and 2nd choice for each.

PITCHING - \$100.00

HITTING - \$100.00

~~10:00AM~~XXXXXXXX

10:00AM _____

10:00AM _____

11:00AM _____

~~11:00AM~~XXXXXXXX

~~12:00PM~~XXXXXXXX

Circle Dates Attending: 1/22 1/29 2/5 2/12

Please return this form with payment made out to **University at Albany** and mail to:
University at Albany * Softball Office – PE 123 * 1400 Washington Ave. * Albany, NY 12222

**University at Albany Fall Softball Clinics
Release and Waiver of Liability**

I, _____, understand that participating in the UAlbany 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 risk 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 Winter Softball Clinic (hereinafter the "Event") to be held on January 22, January 29, February 5, and February 12 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: _____

Name of participant

Sign name of participant

Sign Name of Parent