

Hitting or Slap Hitting

4-week Clinic/One-Hour Sessions

Featuring Griz Softball Coaches:

Hitting with Jamie Pinkerton

A group of 5 hitters will work with head coach Jamie Pinkerton in a four week one-hour hitting session to hone their offensive skills, mentally and physically as they step into the batters box.

Age Level: 8-12th Grade 4-Week Dates: October 7, 14, 21, 28 Time: 7:00-8:00pm

Age Level: 8-12th Grade 4-Week Dates: October 7, 14, 21, 28 Time: 8:00-9:00pm

*Questions, please contact Head Coach Jamie Pinkerton (406) 243-4675

Slapping/Hitting with Allie Galvin

Assistant coach, Allie Galvin will work with a group of 5 slap hitters and/or hitters to advance their offensive performance and better understand their mechanics and approach at the plate.

Age Level: 3-4th Grade 4-Week Dates: October 6, 13, 20, 27 Time: 6:00-7:00pm

Age Level: 5-8th Grade 4-Week Dates: October 6, 13, 20, 27 Time: 7:00-8:00pm

Age Level: 9-12th Grade 4-Week Dates: October 6, 13, 20, 27 Time: 8:00-9:00pm

*Questions, please contact Allie Galvin (406) 243-4651

Sign Up Online at www.grizsoftballcamps.com

Registration Deadline: October 27, 2015

Age: 3rd-12th Grade

Date: October 2015

Time: 1 Hour per Session

Cost: \$120 per Clinic

Location: Indoor Facility at Griz Softball Field



Hitting or Slap Hitting Clinics

4-week Clinic/One-Hour Session

Online Registration available at www.GrizSoftballCamps.com or Register by filling out the clinic brochure below.

The clinics are limited to the first 5 enrolled. Clinic placement will be determined by first come, first serve basis with payment and registration.

Camper's Name _____ Address _____
City, State, Zip _____ Phone: _____
Grade enter in fall _____ Age at time of camp _____ High School _____
E-Mail _____
Mom's Name _____ Dad's Name _____
Mom's Cell _____ Dad's Cell _____

MEDICAL INSURANCE COVERAGE:

"I hereby request and authorize the proper authorities of Griz Softball Clinics to refer my daughter to a clinic selected by the softball school, for treatment of illness, injury or both; and I further authorize the physicians selected by the Softball Camp to treat said injury or illness as they think best for the most advantageous welfare of the patient." I also waive the Griz Softball Clinics from any financial responsibility from illness or accident while at clinic as such cost will be covered by our personal medical insurance.

Parent/Guardian Signature

Insurance Company

Policy Number

ACKNOWLEDGEMENT OF RISK FORM FOR PARTICIPANTS OF SPORTS CAMP

Name of Camp: _____ Date: _____

As a potential participant of the _____ Griz Softball Clinics, I could possibly sustain injuries no matter how well conditioned I may be. Depending on the nature of the sport, injuries may be minor to fatal in nature. Some specific injuries that may be sustained by participants in physical activity associated with sports such as this one are as follows: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken legs, feet, ankles, toes or other bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, and loss of wind.

Physical contact poses risks in _____ Griz Softball Clinics activities as well, even though it occurs regularly as an accepted part of the sport. The propensity for major injuries, such as injuries to the spinal column, broken bones, concussion and internal injuries to major organs increases in relation to the force of impact upon contact or collision. I understand the risk of injury due to the force of a collision. I realize that if I have physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a physician concerning any limits to my activity.

I agree to comply with all camp rules and regulations, including those given verbally and in writing. I also agree to participate in safety meetings and the presentation of any safety material, such as a video on safety, which are designed and offered to promote safety in all camp activities.

Knowing the inherent risks, dangers and rigors involved in the activities in which I choose to participate at this camp, I certify that I am fully capable of participating in the activities offered.

I certify that I have read this ACKNOWLEDGMENT OF RISK Form and understand all of its terms.

Signature of Participant: _____ Date: _____

Print Name: _____

Signature of Participant's Legal Guardian (if participant is under the age of 18): _____



This camp is open to any and all entrants (limited only by number, age, grade level and/or gender)

"The NCAA prohibits payment of camp expenses (transportation, camp tuition, spending money, etc.) by representatives of Montana's athletic interest. Furthermore, NCAA rules prohibit free or reduced camp admission privileges for prospective student-athletes in the 9th grade or above."