

- **DAY CAMP** – with the NAHS coaching staff and members of the Lady Bulldogs softball team.
- **WHEN** – June 21 and June 22 from 8:30 am until noon
- **AGE** – 7 to 13 yrs.
- **COST** - \$40
(Includes Clinic T-shirt)
On-Site Registration - \$50
8 – 8:30 each day



PURPOSE: To teach the fundamentals of catching, throwing, base running, hitting, and positional play. Additionally, each participant will take part in many drills and stretches that will help them become a better player.

WHAT TO BRING: Glove, cleats, tennis shoes (in case of rain), hat or visor. Participants may also bring their own helmet, bat, and catching equipment, if they prefer.

*Sunscreen and hand towel suggested, but not required.

IN CASE OF RAIN: With your signed permission, we will bus all participants to the high school indoor practice facility (located directly behind NAHS). Pick-up time will be the same at this location.



Water will be provided at all times. Participants will be able to purchase Gatorade and snacks if you would like to send money.

REGISTRATION

Make checks payable to:
Lady Bulldogs Softball Clinic

Completed forms and fees can be dropped off at the New Albany High School office or mailed to:

Coach Shane Sanderson
411 Second Street
New Albany, MS 38652

FOR MORE INFORMATION:

Coach Shane Sanderson
Phone: 662-316-3620
Email: ssanderson@newalbany.k12.ms.us
Twitter Coach Sanderson

In case of rain or bad weather during clinic, I hereby authorize my child to ride the bus to the indoor practice facility at NAHS.

Parent/Guardian

Date

LADY BULLDOGS SOFTBALL CLINIC

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE _____ AGE ____ DOB _____

SCHOOL/GRADE _____

T-SHIRT SIZE (YOUTH) S M L XL

(ADULT) S M L XL

PARENT/GUARDIAN _____

CONTACT # _____

EMERGENCY PHONE # _____

RELEASE & INSURANCE INFORMATION

I hereby authorize the Directors of the New Albany Lady Bulldogs Softball Clinic to act for me according to their best judgment in the event of an emergency requiring medical attention. I hereby waive and release New Albany Lady Bulldogs Softball, New Albany Sportsplex, and all parties involved. I know of no mental or physical problems which may affect my child's ability to safely participate in this clinic. I will be responsible for any medical and other charges in connection with their attendance at the New Albany Lady Bulldog Softball Clinic.

Insurance Company

Policy Number

Signature of Parent/Guardian

Date

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NEW ALBANY



Lady Bulldogs

SOFTBALL CLINIC

6/21 – 6/22

@

The New Albany Sportsplex

