UCONN HUSKIES

2012 Softball Winter Clinics

February 4th at Greer Field House, Storrs, CT



HITTING CLINIC

February 4th: 9:00-11:00am

Athletes will learn the fundamentals of hitting through master instruction and participation in a variety of drills used at the collegiate level. Emphasis will be placed on breaking down the mechanics of the swing to maximize power sources. This clinic will provide you the tools to become a better and more explosive hitter. Open to ages 8-18.

PITCHING CLINIC

February 4th: 12:00-2:00pm

Pitchers will be grouped into Beginners and Advanced. Beginners will improve their skills by learning the basic, proper mechanics of pitching utilizing each pitcher's individual strengths and body types. Advanced pitchers will build upon basic skills to increase the effectiveness of their pitches including grips, spins, and body positioning. Open to ages 8-18.

DIRECTIONS TO GREER FIELD HOUSE

I-84 to Exit 68. Take CT-195 S for approximately 7 miles. Right onto North Eagleville Rd. Left onto Hillside Rd. Greer Field House is located on the right side of Hillside Rd., across street from Student Union.

Parking: Free parking is available along side Stadium Rd. or in front or back of field house (spaces are limited). Paid parking is available in the South Campus Garage (From Hillside Rd, Right on Stadium Rd. Garage on left, next to Co-op.)

	Reg	istration Form	
Name:Address:		Phone: Email:	
Travel Team:		School:	
Emergency Contact: Name:		Phone:	
Check the session(s) you will at February 4, 2012 Hitting (\$100) Pitching (\$100)	tend: 9:00-11:00am 12:00-2:00pm	Payment: Registration and Payment due January 28. ENROLLMENT IS LIMITED Make checks payable to: "University of Connecticut" *Payments made after January 28 must be made in form of cash, bank check or money order.	
*If attending both, please bring own lunch.		Mailing address: University of Connecticut Softball	
		2111 Hillside Road, U-3078, Storrs, CT 06269	

WAIVER: All participants must have their own medical coverage. Athletes will not be allowed to participate without providing the insurance company name, policy number and the signed waiver by a parent or legal guardian. I certify that I am the parent or legal guardian of the participating athlete. I give permission to UConn softball and staff to seek appropriate medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention. I understand that UConn Softball staff and the University of Connecticut will not be held liable for any occurrence at the clinic.

Insurance Company:	Policy Number:
Signature:	Date:

Please complete and sign Registration Form and return with payment.

For more information, please contact Associate Head Coach, Andrea D'Innocenzo at: (860) 617-7602 or andrea.d'innocenzo@uconn.edu