

WAA Softball

2007 Winter Clinic Information Sheet & Registration Form

Winter Clinic – Cost \$75

Six nights of clinics! An excellent opportunity for softball players to receive instruction in the following areas:

Basic Fielding: such as proper throwing technique, and correct infield and outfield fielding techniques

Infield: cuts offs, relays, tags, individual position work, double plays, pick-offs, run downs, positions footwork, position responsibilities

Outfield: drop step, angles, positioning, relays, crow hop technique, scooping, back up responsibilities

Offensive Attack: hitting stance, stride, launch, follow through, as well as all bunting & short game options, drills, drills, and more drills

Base Running: including how and when to be an aggressive base runner, tagging, stealing, hit/bunt & run.

This will be a progressive clinic. With each session we will progressively build upon the previous sessions, advancing from fundamental to higher concepts.

Dates, times and sessions: All Monday Evenings

February 5, 12, 19, 26 March 5, and 12th

Session 1: 5:45 – 6:45 girls born 1993 and earlier

Session 2: 6:50 – 7:50 girls born 1994 and 1995

Session 3: 7:55 – 8:55 girls born 1996 and later

Payment and Registration

Application Deadline: January 15, 2007.

Register early! Enrollment is limited to 60 players per session. Girls will be placed in small groups of 4-5 according to skill level.

Please make a \$75 check payable to: WAA Softball. Complete and mail the registration form by January 15th, 2007 to:

WAA Softball
3936 Cheshunt Drive
Woodbury, MN 55125

Registrations may also be dropped off at the WAA building. The WAA office is located at 2630 Ojibway Drive; this is just off of the entrance to Ojibway Park at the South end of the High School Football Field. The office hours are M-F 2PM to 6PM.

2007 Winter Clinic Registration Form

Parent Permission	Player Information
I hereby release and forever discharge the Woodbury Athletic Association and/or its members and/or coaches or other instructional personnel from any and all actions, causes of actions, claims and demands for, upon, or by reason of any damage, loss or injury of any nature whatsoever which may be sustained by me and/or my child as a consequence of my or his/her participation in the program.	Player Name: _____
_____ (Parent/Guardian Signature)	Address: _____ _____
(Date)	Phone Number: _____
	Email Address: _____
	Total Years of playing experience: _____
	Level: Traveling _____ In-House _____
	Skill Assessment : Beginner _____ Intermediate _____
	Advanced _____
	Date of birth: _____
	Session 1: 5:45 – 6:45 girls born 1992 and earlier _____
	Session 2 : 6:50 – 7:50 girls born in 1993 and 1994 _____
	Session 3: 7:55 – 8:55 girls born 1995 and later _____
	T-shirt size: S M L XL
	Circle your size (ADULT sizes only)