



**SOUTH LYON EAST
8th ANNUAL
SOFTBALL
FUNDAMENTALS CLINIC**

WHEN: Saturday March 23rd
WHERE: South Lyon EAST High School Gym
TIME: 10:00-12:30pm
COST: \$35.00
WHO: Ages 8-14 (All Skill Levels Welcome)

**Please join the
SOUTH LYON EAST Cougar Coaching Staff and Team
For “fundamentals” training**

THROWING: slot throws, proper footwork, mechanics
HITTING: tee, machine, and front toss (swing mechanics)
FIELDING: ground ball and fly ball mechanics
SLIDING: techniques for "fade" and "hook" slides

WHAT TO BRING: tennis shoes, mitt, bat, and water
To save your spot

Please email:
ptmnieto@comcast.net

PLEASE RESPOND SOON - WE HAVE SOLD OUT ALL PREVIOUS CLINICS

2019 Cougar



Fastpitch Softball Clinic

**Saturday March 23rd
10-12:30pm**



Email:
PTMNIETO@comcast.net
To reserve your spot!

Participant Information:

Name: _____
Address: _____
City: _____ Zip: _____
Age: _____
Email : _____
=====

Emergency Contact Information

Parent Guardian Name: _____
Phone #: _____
Cell #: _____
=====

Any allergies? Yes No
If Yes, please explain: _____
=====

**Camp will take place at South Lyon
East High School in the Main Gym.
Park in the upper lot at East near
auditorium doors.**

Please Bring:

- Water Bottle**
- Glove**
- Bat**
- Wear Tennis Shoes**

RELEASE AND WAIVER OF

LIABILITY (Please read carefully before signing) The undersigned hereby acknowledges that participation in this clinic and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the clinic participant/ registrant, hereby assumes all such risk and does hereby release and forever discharge the clinic and all employees, instructors and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this clinic, including and failure of equipment or defect in the premises.
I hereby state that I am the said Guardian of the child participant stated.

Participant Name (Please Print)

Parent/guardian (Signature) _____
Date

Cost for Winter Clinic: \$35
Make Checks payable to: SLEHS
SOFTBALL BOOSTERS

Registration begins at 9:45 a.m.
Please bring completed form and
\$35 payment with you to the Clinic.
Questions contact Coach Paul Nieto
Via e-mail: ptmnieto@comcast.net