

# STORM

## SOFTBALL INSTRUCTIONAL CLINIC

**JEROME T. OSBORNE CENTER | PAINESVILLE, OH | SATURDAY FEB. 16**

**FOR MORE INFORMATION** contact the Storm Softball Assistant Coach Erika Bennett at ebennett@lec.edu

### ABOUT THE CLINIC

The Lake Erie College Softball team clinic will cover multiple facets of the game of softball. Campers will receive position-specific instruction from Lake Erie coaches and players, the opportunity to showcase their talents and to learn more about the College and its softball program.

Campers will learn skills and drills covering catching, throwing, pitching, hitting, bunting and baserunning.

### FACILITY

The camp will be held at the Jerome T. Osborne Family Athletic & Wellness Center in Painesville, Ohio. The Osborne Center is the indoor training facility of Lake Erie College Softball.

#### Address:

The Osborne Center is located on the corner of W. Walnut St. and Gillett St., Painesville, OH 44077.

### INFO

**Cost:** \$40 pre-registration  
\$50 day of registration  
**Sessions:** 12:00 p.m.-2:30 p.m. (ages 8-13)  
3:00 p.m.-5:30 p.m. (ages 14-18)

### WHAT TO BRING

- Athletic apparel (shorts or athletic pants)
- Separate pair of athletic sneakers (no spikes)
- Glove
- Bat & Batting Helmet

### REGISTRATION

You can **Pre-Register** by mailing in the Registration/Waiver Form below and payment, postmarked by February 6.

You will be able to register on the day of the camp at the Osborne Center beginning at 11:00 p.m. Space is limited.



## SOFTBALL

LAKE ERIE COLLEGE ATHLETICS  
**RAGE ON**  
WWW.LAKEERIECOLLEGE.COM

## LAKE ERIE COLLEGE STORM SOFTBALL INSTRUCTIONAL CLINIC

**PLEASE RETURN THIS FORM TO:** Lake Erie College | Attn: Softball Clinic | 391 West Washington Street | Painesville, OH 44077

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Positions \_\_\_\_\_ B/T \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_



#### Payment Method:

- ☐ **Check Enclosed** ☐ **Cash**  
(make check payable to Lake Erie College Softball)

The undersigned warrants and represents that he/she is a parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as the "Camper") and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the Camper. The Camper herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I/We, the parent(s) of the above stated camper understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Lake Erie College Softball Camp. I/We hold Lake Erie College harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the company.

I/We release Lake Erie College of all legal responsibility and liability.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Emergency Number: \_\_\_\_\_