



Central College 2012 Softball Winter Clinic

Instruction by Central College coaching staff and players

Skills clinic

Saturday, Feb. 25

H.S. Kuyper Fieldhouse

For players in grades 7-12

9 a.m.-noon--Morning session

Noon-1 p.m.--Lunch (provided)

1-3 p.m.--Afternoon session

Learn about:

- Baserunning
- Hitting, bunting, slapping
- Infield work
- Outfield work

Plus a special session on mental skills development.

Cost

\$75 per player (includes lunch)

For more information contact

Coach George Wares at (641) 628-5195

or via e-mail at waresg@central.edu.

Central clinic staff

George Wares, head coach and clinic director

- Winningest coach in NCAA Division III history--909-302-3 record (.750) over 27 seasons
- Member of NFCA Hall of Fame
- NCAA Division III leader in tournament appearances (23) and wins (82)
- Four national championships and 12 top-five national finishes
- Highly regarded motivational speaker and clinician

Alicia O'Brien, associate head coach

- 18 seasons as head coach at Western Connecticut State Univ.
- 540-264-3 record with nine NCAA tournament appearances

Laura North, assistant coach

- Four-time NCAA Division II tourney participant at Nebraska-Kearney
- Two-year team captain, academic all-American
- Former head coach at Cloud CC (Kan.), high school assistant

Gary Grimes, pitching coach

- Central team pitching instructor
- Former pitching coach at Drake Univ. and Grand View Univ.
- High school head coach at Colfax-Mingo, Newton

SOFTBALL CLINIC REGISTRATION

Name _____ Age _____

Home address _____ Position(s) played _____

City, State, Zip Code _____ Cellphone _____

Home phone _____ Parent/Guardian daytime phone (_____) _____

Parent/guardian name _____ Email address _____

HEALTH RELEASE AND PARENTAL CONSENT

This is the application for enrollment of _____ in the Central College Softball Clinic. I grant permission to the clinic director, assistants and staff of the clinic to act on my behalf for the above minor in granting permission for evaluation/treatment of minor medical problems. If a major medical problem should arise, an attempt will be made to notify me by telephone. If I cannot be reached, I hereby give consent to such medical treatment as deemed necessary by a licensed physician. In addition I hereby release Central College and the Softball Clinic, their employees and agents from all claims on account of any injuries that may occur while attending the clinic.

Date _____ Signed (Parent/Guardian) _____

Home phone _____ Cell phone (_____) _____

Mail registration to:

George Wares, Winter Softball Clinic
Central College, Campus Box 6600, Pella, IA 50219
Make checks payable to Central College Softball.