



Pursuing Athletic Excellence
Developing Christian Character

MESSIAH
SOFTBALL

2009 College Prep Clinic

DATE: Saturday, August 22nd

TIME: 10:00am – 2:30pm

PLACE: Messiah College Softball Field(Outdoors)

WHO: Highly skilled softball athletes going into junior and senior year of High School in fall 2009

WHAT: The College Prep clinic is designed for the highly skilled junior and senior in high school who desires to continue play at the college level. The focus of the clinic is to expose players to college level training and teaching. You will learn from the 2009 national championship coaching staff and players. We will also provide you with assessment. There will be an informational time for parents/players on the college process (ie. Applying, financial aid, etc.) Tours of our campus will also be provided to those who are interested.

COST: \$40

BRING: Bat, Helmet, Glove, Cleats, Sneakers (in case of rain), Catching gear

Call 717-766-2511, ext. 2160 or email aweaver@messiah.edu with questions

Please fill out the registration form below and mail back to:

Amy Weaver
Messiah College Softball Coach
Box 4501
One College Avenue
Grantham, PA 17027

Messiah Softball Registration Form

2009 College Prep Aug. 22 Clinic

Name _____ Email _____

Address _____

Age _____ Grade(going into fall 2009) _____

Name of Parent/Guardian _____

Phone(H) _____ Phone(Cell of athlete) _____

High School _____ Coach _____

Summer Ball Team _____ Coach _____

Positions you play _____

Insurance Carrier and # _____

The student named above has my permission to participate in the designated Messiah College one day clinic. I understand that clinic participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Messiah College, it's employees, agents, officers and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of clinic participation. In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signature of Parent/Guardian Date

Please include any significant medical history

Please tear off and return with a \$40 payment