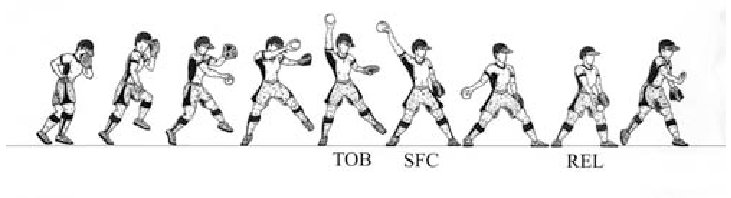
**Wilmot Softball Association 2020 Pitching and Catching Clinic**



Continuing in 2020, WSA is hosting a pitching and catching clinic, similar to what has been provided in past years. This is a first come first serve event, that said we will be accepting up to approximately 45 pitchers and 45 catchers. There will be a total of 6 sessions, each session will run for around 55 min including warm up. Groups are subject to change depending on numbers. All Pitchers will be expected to supply their own catcher.

**Pitching Instructor:** Tyler Randerson **Catching Instructor:** Carson Hammer

All sessions will run from 9:00am – 12:00pm and will be held at Waterloo-Oxford DSS. (Enter around the back of the school).

**Dates: February 1, 8, 22, 29 March 28 April 4**

**Pitchers**

Junior 9:00 – 9:55am No experience to 2 years experience

Intermediate 10:00 – 10:55am 3-4 years experience

Advanced 11:00 – 11:55am 5 years or more experience.

**Catchers**

Junior 9:00 – 9:55am No experience to 2 years experience

Intermediate 10:00 – 10:55am 3-4 years experience

Advanced 11:00 – 11:55am 5 years or more experience.

*\*times may vary depending on numbers\**

**COST PER PITCHER/CATCHER - $40**

*Pricing helps offset the cost of our instructors, equipment and rental of the facility.*

Any questions please contact John Vleeming (Player Development) above email or Cell: 519-616-4044

**

*Sign-up form on back*

**COST PER PITCHER/CATCHER - $40**

Please fill out and return with payment

**Name of player registering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age of player:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years pitching/catching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registering for (Circle One) Pitching Catching**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby permit my son /daughter to participate in softball under the supervision of the Wilmot Softball Association. I also release and discharge the Wilmot Softball Association and its members from any suits and/or debts which may occur as a result of said person engaging in playing softball for said association.

**I agree to provide my son/daughter with a personal caged baseball helmet, understanding that any player without a personal helmet will not be permitted to participate in the clinic.**

**Please email this form (Scan or Pic) to** [**players@wilmotsoftballassociation.com**](mailto:players@wilmotsoftballassociation.com) **(John Vleeming) and please make payment by cheque or cash at the first session.**

**Registrations must be received by January 28th and are open to WSA players**

Parent’s Signature: X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_