

BLOOMSBURG HUSKIES

Personalized Pitching Lessons For Girls 10-18 years of age June 21-24, 2010 • July 12-15, 2010

Design your own Personalized Pitching Camp. You choose how many hours and days of pitching instruction you want. The Personalized Pitching Lessons feature three students per one instructor per hour. You choose how many hours and days (up to 4) of pitching instruction you want. It is recommended that pitchers sign up for no more than 2 hours per day.

The Personalized Pitching Lessons will provide instruction for the basic fundamentals of the windmill pitching motion as well as teaching and fine tuning various pitches – change-up, drop, curve, screw ball, and rise ball. Trouble shooting and mental aspects of the game will also be stressed. These lessons are for beginner to advanced pitchers. The instructors will adapt the lessons to the skill level of the pitcher.

Each pitcher must provide her own catcher for each 1 hour lesson.

Fee: \$45 per 1 hour session with Susan Kocher (current BU pitching coach) \$35 per 1 hour session with Shavaun Fisher or Sheelin Fisher (current and former BU pitchers)
Make checks payable to: Bloomsburg University and mail to: Softball Office, Bloomsburg University, 400 East Second St., Bloomsburg, Pa. 17815. Full payment should be sent in.

Questions: Phone Susan Kocher at 570-389-4871

Further information of the personalized pitching lessons will be sent upon receipt of application.

APPLICATION FORM

Name _____
Address _____
City/State/Zip _____
Phone _____ Grade _____
E-Mail Address _____

Lesson Times: Place check preferred time slot (no more than two per day)

Lesson w/ Susan Kocher (\$45/hr)

Mon 6/21 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____
Tues 6/22 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____
Wed 6/23 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____
Thurs 6/24 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____

Lesson w/ Shavaun or Sheelin Fisher (\$35/hr)

Mon 6/21 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____
Tues 6/22 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____
Wed 6/23 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____
Thurs 6/24 9:30-10:30 am _____
10:45-11:45 am _____
Noon-1:00 pm _____
1:30-2:30 pm _____
2:45-3:45 pm _____
4:00-5:00 pm _____

Lesson w/ Susan Kocher (\$45/hr)

Mon 7/12 2:30-3:30 pm _____
3:45-4:45 pm _____
5:00-6:00 pm _____
Tues 7/13 2:30-3:30 pm _____
3:45-4:45 pm _____
5:00-6:00 pm _____

Wed 7/14 2:30-3:30 pm _____
3:45-4:45 pm _____
5:00-6:00 pm _____
Thurs 7/15 2:30-3:30 pm _____
3:45-4:45 pm _____
5:00-6:00 pm _____

MUST BE COMPLETED BY PARENT/GUARDIAN

Medical Insurance Information

Company Name _____

Policy No. _____

I approve my child's attendance at the BU Softball Clinic and certify that she is in good health. If medical attention is required for illness or injury during camp, I grant my permission for such care to be rendered. I hereby recognize and understand that the University, the camp director and/or coaching staff are not responsible for any injury of any kind that may occur on the way to, during or on the way home from any camp session sponsored by the Bloomsburg University of Pennsylvania.

AUTHORIZATION FOR EMERGENCY SERVICE

A.) I do hereby voluntarily consent to examination and emergency service treatment including the administration of such drugs, infusion and transfusion of blood or blood components deemed necessary in the judgement of the physician(s) (and whomever may be delegated as assistants) of the medical staff of The Bloomsburg Hospital.

B.) I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. The undersigned intends to be legally bound hereby.

Note any limitation on the foregoing _____
_____ or if none, so indicate

Date _____ Authorized Signature _____ Relationship _____