

Liberty University Spring Softball Clinic

Player Information Sheet

(Please write legibly)

Player Name: _____

Age: _____ Grade: _____

Address: _____

E-mail Address: _____

If you are in high school, what high school do you attend?

Please fill out the following information:

I have been playing softball for:

1-2 years 3-4 years 5-6 years 7 years or more

Circle the word below that would best describe your softball abilities:

Beginner Intermediate Advanced Future Olympian

My primary position is: _____

(If IF or OF, give your specific position if possible)

My secondary position is: _____

(If IF or OF, give your specific position if possible)

A position I would like to learn to play is: _____

We will be having a 20 minute 'break out' session during the clinic. Mark what you would like to do during that time (if you are a pitcher/catcher, this is the only time you will be allotted to pitch/catch).

_____ Pitch

_____ Catch

_____ Infield (specific position work)

_____ Outfield (specific position work)

_____ Hit (drills and cage time)

_____ I would like a clinic T-shirt for \$10.00.

My T-shirt size is _____ (Youth M- Adult XL)

Please turn this paper over and fill out (and read) the information on the back.

Thank you

Parent Information

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Name(s) Cell Phone: _____

Parent(s)/Guardian(s) Name(s) E-mail: _____

Emergency Contact

Name: _____

Cell/Home Number: _____

Relationship: _____

Please fill out and read the information below:

Clinic Cost (before March 8): _____

Clinic Cost (March 9-22): _____

T-shirt (\$10.00): _____

Total: _____

Please make all checks payable to:

Liberty University Softball

Please send your payment, player information, AND waiver form to:

Liberty University
Attn: Softball Office
1971 University Blvd.
Lynchburg, VA 24502

**THERE IS A 60 PLAYER CAP FOR EACH SESSION. REGISTRATION IS
DONE ON A FIRST COME FIRST SERVE BASIS. YOUR SPOT IS
CONFIRMED UPON PRECEPTION OF PAYMENT.**

**PLEASE DO NOT SEND IN PAPERWORK AFTER MARCH 21st. IF SPACE IS STILL
AVAILABLE YOU CAN DO DAY OF REGISTRATION. YOU CAN BRING YOUR
PAYMENT/INFORMATION TO THE SOFTBALL OFFICE IF YOU PREFER.**

You can e-mail your player/parent information to:

jhardin2@liberty.edu **but you MUST send (or bring) your waiver and payment to the
address above to secure your spot in the clinic**

If you have questions, please check our website or contact Joanna Hardin at
jhardin2@liberty.edu