

Liberty University Softball Clinic

Player Information Sheet

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 or more years

Circle the word below that best describes your abilities

Beginner Intermediate Advanced Future Olympian

My ***primary*** position is (choose 1):

___ Pitcher

___ Catcher

___ Infield (Position: _____)

___ Outfield (Position: _____)

My secondary position is (choose 1)

___ Pitcher

___ Catcher

___ Infield (Position: _____)

___ Outfield (Position: _____)

___ I would like to get a clinic T-shirt for \$10.00

___ I would like to get a lunch at the clinic for \$5.00

If you would like to add any comments about yourself, please do so below.

Parent Information Sheet

Parent/Guardian: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact

Name: _____

Number: _____

Relationship: _____

Clinic Cost (Before Nov. 1) _____

Clinic Cost (After Nov. 1) _____

T-shirt (\$10.00) _____

Lunch (\$5.00) _____

Total: _____

Please make all checks payable to:

Liberty University Softball

Please send in your payment and Player/Parent information to:

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

YOUR DAUGHTERS SPOT IN THE CLINIC IS SECURE WHEN WE RECEIVE YOUR PAYMENT AND PAPERWORK. **PLEASE DO NOT SEND PAPERWORK OR PAYMENTS AFTER NOVEMBER 3rd**. YOU CAN BRING PAYMENTS AND PAPERWORK TO THE SOFTBALL OFFICE (after November 3rd) OR BRING IT WITH YOU TO THE CLINIC THE DAY OF, BUT PLEASE CONTACT THE SOFTBALL OFFICE BEFOREHAND TO MAKE SURE THAT THERE ARE SPOTS AVAILABLE.

YOU CAN E-MAIL YOUR PLAYER/PARENT INFORMATION TO:
jhardin2@liberty.edu but you must send your payment to the address above.

If you have any questions, please contact Joanna Hardin, Assistant Softball Coach,
at jhardin2@liberty.edu