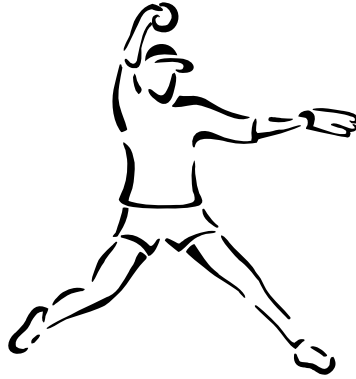


ARCADIA UNIVERSITY  
SOFTBALL CLINIC  
SUNDAY, MARCH 1, 2009  
KUCH CENTER



**SESSION 1: AGES 8-16**

GENERAL 10AM-1PM (Beginner & Intermediate)  
PITCHING/CATCHING 1PM-2PM (Beginner & Intermediate)

**SESSION 2: AGES 8-16**

GENERAL 2PM-5PM (Beginner & Intermediate)  
PITCHING/CATCHING 5PM-6PM (Beginner & Intermediate)

**FEES (PRICES INCLUDE T-SHIRT):**

GENERAL ADVANCE REGISTRATION - \$60  
GENERAL ON-SITE REGISTRATION - \$70

PITCHER/CATCHER ADVANCE REGISTRATION - \$70  
PITCHER/CATCHER ON-SITE REGISTRATION - \$80

**\*\*DISCOUNT AVAILABLE TO TEAMS THAT BRING 10 OR MORE PLAYERS. SEE WEBSITE  
OR CALL FOR MORE INFORMATION. \*\*\$50/player In-Advance or \$55/player On-Site**

MAIL REGISTRATION TO:  
ARCADIA UNIVERSITY SOFTBALL  
ATTN: LINDA DETRA  
450 S. EASTON RD  
GLENSIDE, PA 19038

PHONE: 215-572-2996  
E-MAIL: [detra@arcadia.edu](mailto:detra@arcadia.edu)  
WEB: [www.arcadia.edu/athletics](http://www.arcadia.edu/athletics)

**REGISTRATION FORM: TYPE OR PRINT IN INK.**

PLAYER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEAM: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

SESSION (CIRCLE ONE):            1            2

DEFENSIVE PREFERENCE (CIRCLE ONE):

GENERAL

PITCHING/CATCHING

T-SHIRT SIZE (CIRCLE ONE):    ADULT    YOUTH

SMALL    MEDIUM    LARGE    XL

IN THE EVENT THAT MY DAUGHTER IS INJURED OR BECOMES ILL WHILE ATTENDING THE 2009 ARCADIA UNIVERSITY CLINIC, I GIVE MY PERMISSION FOR THE STAFF TO SEEK MEDICAL ATTENTION IF DEEMED NECESSARY UNDER THE EXISTING CONDITIONS. I RELEASE ARCADIA UNIVERSITY, THE COACHING STAFF AND TRAINERS FROM ANY CLAIMS FROM INJURY SUSTAINED DURING THE CLINIC. I ALSO CERTIFY THAT MY DAUGHTER IS IN GOOD PHYSICAL HEALTH AND THAT SHE WILL NOTIFY A STAFF MEMBER OF ANY CONDITIONS THAT MAY IMPAIR HER ABILITY TO PARTICIPATE IN ANY CLINIC ACTIVITIES.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

A CONFIRMATION OF REGISTRATION WILL BE SENT TO YOUR HOME ADDRESS.

**ARCADIA UNIVERSITY  
SOFTBALL CLINIC  
SUNDAY, MARCH 1, 2009  
KUCH CENTER  
CLINIC SCHEDULE**

**SESSION 1:**

ON-SITE REGISTRATION: 9:30 A.M. – 10:00 A.M.

WARM-UP: 10:00 A.M. – 10:20 A.M.

OFFENSIVE STATIONS: 10:25 A.M. – 11:40 A.M.

BREAK: 11:40 A.M. – 11:50 A.M.

DEFENSIVE STATIONS: 11:50 A.M. – 1:00 P.M.

PITCHING/CATCHING SESSION: 1:00 P.M. – 2:00 P.M.

**SESSION 2:**

ON-SITE REGISTRATION: 1:30 P.M. – 2:00 P.M.

WARM-UP: 2:00 P.M. – 2:20 P.M.

OFFENSIVE STATIONS: 2:25 P.M. – 3:40 P.M.

BREAK: 3:40 P.M. – 3:50 P.M.

DEFENSIVE STATIONS: 3:50 P.M. – 5:00 P.M.

PITCHING/CATCHING SESSION: 5:00 P.M. – 6:00 P.M.

**WHAT TO BRING: GLOVE, BAT, BATTING GLOVES, CATCHER'S EQUIPMENT,  
SNEAKERS.**