

# Baseball Pitching Clinic

**WHO: 4<sup>th</sup> & 5<sup>th</sup> Grade: 1:00-2:00pm**  
**6<sup>th</sup> & 7<sup>th</sup> Grade: 2:00-3:00pm**

**WHEN: May 12, 2018**

**WHERE: Softball Complex**  
**(Rain Location: Wellness Center)**

**What to Bring: Glove. You MUST**  
**also bring a catcher (Parent/Older**  
**Sibling) with you!!!**



**\*\*Coached by Shane Schellsmidt, High School Varsity Softball Coach**

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## Baseball Pitching Clinic

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (Please Write Legibly): \_\_\_\_\_

I release the Waukon Park and Recreation Department staff from all liability and hereby give my permission for the above named child to participate in the Softball Pitching Clinic and for the program's staff to refer my child, if injured, to the closest medical facility.

Parent's Signature: \_\_\_\_\_

**Program Cost: FREE. Deadline to turn forms into the Wellness Center is Friday, May 4.**