

MUHLENBERG COLLEGE SOFTBALL

FALL CLINIC

SUNDAY, SEPTEMBER 12, 2010

WHO: The clinic is open to all high school age softball players

WHEN: Sunday, September 12 (2-5pm)

WHERE: Muhlenberg College Softball Home Field @ The Lehigh Valley Sports Complex
Rain location: Muhlenberg College Field House

FEE: \$ 50

LEARN THE GAME! SHOW OFF YOUR SKILLS! MEET THE TEAM!

The Muhlenberg Softball Fall Clinic will be a jam packed 3 hours of softball skill work. Clinic attendees will receive specialized instruction in the fundamentals of softball and the opportunity to interact with the current Mule players. The clinic will be directed by Head Coach Marisa DeStasio and her staff.

FALL CLINIC REGISTRATION FORM: Please tear off at line, fill out info & return. Please PRINT Clearly!

Name _____
Email _____
Address _____
City _____ ST _____ ZIP _____
Phone number _____
Parent's Names _____
Parent Work/Cell Phone _____
Parent Email _____
High School _____
Travel Team _____
Year of High School Graduation _____
Positions Played _____
SAT _____ ACT _____ GPA _____

Mail Registration & Check to:
Muhlenberg College Softball
2400 Chew Street
Allentown, PA 18104

Make Checks Payable to:
"Muhlenberg College Softball"

Confirmation will be sent via email

Questions? Email—mdestasio@muhlenberg.edu

I certify that my child _____
has had a physical examination within the last six months
and is in sound physical condition to participate in the
Muhlenberg College Softball Clinic. I authorize the staff of
Muhlenberg College to act accordingly and with their best
judgment in an emergency situation. I have adequate insur-
ance and hereby release Muhlenberg College and its Staff
from any and all liability in the event of an injury or illness
requiring treatment, hospitalization, and/or surgery.
Muhlenberg College is not responsible for and will not pro-
vide any medical, dental, hospital, or laboratory fees due to
injury while participating in the Muhlenberg College Softball
Tournament.

Please indicate any medical needs:

Please indicate any allergies:

Medical Insurance Co. _____

Policy # _____

Emergency Contact Name _____

Emergency Contact Phone _____

Signature of Parent or Guardian: _____

