



**2017  
PERSONALIZED  
HITTING LESSONS  
FOR GIRLS 10-18  
YEARS OF AGE**

**JUNE 20-22 • JULY 11-13 • JULY 18-20 • AUGUST 1-3**

Design your own Personalized Hitting Lessons. You choose how many hours and days of hitting instruction you want. The Personalized Hitting Lessons feature two students per hour with assistant coach Dee Wolfe. You choose how many hours and days of hitting instruction you want.

The Personalized Hitting Lessons will provide instruction for the basic fundamentals of hitting as well as teaching how to hit various pitches within the strike zone. We will also discuss the mental aspects of hitting and talk about taking your swing from practice mode to game mode.

**Fee: \$40 per one-hour session. Make checks payable to: Bloomsburg University**  
**Mail to: Softball Office, Bloomsburg University, 400 East Second St., Bloomsburg, Pa. 17815.**  
**Full payment should be sent in.**

**Questions: Phone Dee Wolfe at 570-389-5354 or via email at dwolfe@bloomu.edu**  
 Further information of the personalized hitting lessons will be sent upon receipt of application.

*If these times don't work please  
contact assistant coach  
Dee Wolfe to make  
other arrangements*

**APPLICATION FORM**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Number of Years Playing Experience \_\_\_\_\_  
 Lesson Times: Please check preferred time slot (no more than two per day)

**PLEASE DESCRIBE THE AREAS OF HITTING YOU'D LIKE TO WORK ON**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MUST BE COMPLETED BY PARENT/GUARDIAN**

**MEDICAL INSURANCE INFORMATION**

Company Name \_\_\_\_\_  
 Policy No. \_\_\_\_\_

I approve my child's attendance at the BU Softball Clinic and certify that she is in good health. If medical attention is required for illness or injury during camp, I grant my permission for such care to be rendered. I hereby recognize and understand that the University, the camp director and/or coaching staff are not responsible for any injury of any kind that may occur on the way to, during or on the way home from any camp session sponsored by the Bloomsburg University of Pennsylvania.

**AUTHORIZATION FOR EMERGENCY SERVICE**

A.) I do hereby voluntarily consent to examination and emergency service treatment including the administration of such drugs, infusion and transfusion of blood or blood components deemed necessary in the judgement of the physician(s) (and whomever may be delegated as assistants) of the medical staff of The Bloomsburg Hospital.

B.) I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. The undersigned intends to be legally bound hereby.

Note any limitation on the foregoing \_\_\_\_\_  
 \_\_\_\_\_ or if none, so indicate

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Relationship \_\_\_\_\_

HITTING LESSON (\$40/hr)	HITTING LESSON (\$40/hr)
<b>SESSION 1</b>	<b>SESSION 3</b>
<b>Tues 6/20:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Tues 7/18:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Wed 6/21:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Wed 7/19:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Thurs 6/22:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Thurs 7/20:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>SESSION 2</b>	<b>SESSION 4</b>
<b>Tues 7/11:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Tues 8/1:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Wed 7/12:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Wed 8/2:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____
<b>Thurs 7/13:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____	<b>Thurs 8/3:</b> 10:00-11:00 am _____ 11:30-12:30 pm _____ 1:00-2:00 pm _____ 2:30-3:30 pm _____

*If these times don't work please contact  
Assistant Coach Dee Wolfe to make other arrangements*

**OFFICE USE ONLY:**

Check number \_\_\_\_\_ Amount \_\_\_\_\_  
 Response sent \_\_\_\_\_