

BLOOMSBURG HUSKIES

2017 PERSONALIZED PITCHING LESSONS

FOR GIRLS 10-18 YEARS OF AGE

JULY 11-13: 10:00 AM-1:30 PM • JULY 18-20: 2:00 PM-5:30 PM • JULY 25-27: 10:00 AM-1:30 PM

Design your own Personalized Pitching Camp. You choose how many hours and days of pitching instruction you want. The Personalized Pitching Lessons feature three students per one instructor per hour. You choose how many hours and days of pitching instruction you want. It is recommended that pitchers sign up for no more than two (2) hours per day.

The Personalized Pitching Lessons will provide instruction for the basic fundamentals of the windmill pitching motion as well as teaching and fine tuning various pitches – change-up, drop, curve, screw ball, and rise ball. Troubleshooting and mental aspects of the game will also be stressed. These lessons are for beginner to advanced pitchers. The instructor will adapt the lessons to the skill level of the pitcher.

Each pitcher must provide her own catcher for each one-hour lesson.

Fee: \$45 per one-hour session with Susan Kocher (BU head coach and pitching instructor)

Make checks payable to: Bloomsburg University and mail to:

Softball Office, Bloomsburg University, 400 East Second St., Bloomsburg, Pa. 17815.

Full payment should be sent in.

Questions: Phone Susan Kocher at 570-389-4871 or via email at skocher@bloomu.edu

You will receive an email confirmation and more information about the pitching lessons upon receipt of your application.

APPLICATION FORM

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ Grade _____
 E-Mail Address _____

Lesson Times: Please check preferred time slot (no more than two per day)

LESSON W/SUSAN KOCHER (\$45/hr) LESSON W/SUSAN KOCHER (\$45/hr)

SESSION 1

Tues - 7/11: 10:00-11:00 am _____
 11:15-12:15 pm _____
 12:30-1:30 pm _____

Wed - 7/12: 10:00-11:00 am _____
 11:15-12:15 pm _____
 12:30-1:30 pm _____

Thurs - 7/13: 10:00-11:00 am _____
 11:15-12:15 pm _____
 12:30-1:30 pm _____

SESSION 2

Tues - 7/18: 2:00-3:00 pm _____
 3:15-4:15 pm _____
 4:30-5:30 pm _____

Wed - 7/19: 2:00-3:00 pm _____
 3:15-4:15 pm _____
 4:30-5:30 pm _____

Thurs - 7/20: 2:00-3:00 pm _____
 3:15-4:15 pm _____
 4:30-5:30 pm _____

SESSION 3

Tues - 7/25: 10:00-11:00 am _____
 11:15-12:15 pm _____
 12:30-1:30 pm _____

Wed - 7/26: 10:00-11:00 am _____
 11:15-12:15 pm _____
 12:30-1:30 pm _____

Thurs - 7/27: 10:00-11:00 am _____
 11:15-12:15 pm _____
 12:30-1:30 pm _____

OFFICE USE ONLY

Check Number: _____
 Amount: _____
 Response Sent: _____

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 _____