



## 2018 PERSONALIZED PITCHING CLINIC

FOR GIRLS AGES 10 & ABOVE  
 JULY 10-12 • JULY 17-19 • JULY 24-26

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

The Personalized Pitching Clinic 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. This clinic is for beginner to advanced pitchers. The instructor will adapt the clinic to the skill level of the pitcher.

EACH PITCHER MUST PROVIDE HER OWN CATCHER FOR EACH ONE-HOUR CLINIC.

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 clinic upon receipt of your application.

APPLICATION FORM

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Grade \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Clinic Times: Please check preferred time slot (no more than two per day)  
 CLINIC W/ SUSAN KOCHER (\$45/hr)      CLINIC W/ SUSAN KOCHER (\$45/hr)

SESSION 1		SESSION 3	
Tues - 7/10:	10:00-11:00 am _____ 11:15-12:15 pm _____ 3:30-4:30 pm _____ 4:45-5:45 pm _____	Tues - 7/24:	10:00-11:00 am _____ 11:15-12:15 pm _____ 12:30-1:30 pm _____
Wed - 7/11:	10:00-11:00 am _____ 11:15-12:15 pm _____ 3:30-4:30 pm _____ 4:45-5:45 pm _____	Wed - 7/25:	10:00-11:00 am _____ 11:15-12:15 pm _____ 12:30-1:30 pm _____
Thurs - 7/12:	10:00-11:00 am _____ 11:15-12:15 pm _____ 3:30-4:30 pm _____ 4:45-5:45 pm _____	Thurs - 7/26:	10:00-11:00 am _____ 11:15-12:15 pm _____ 12:30-1:30 pm _____

SESSION 2

Tues - 7/17:	2:00-3:00 pm _____ 3:15-4:15 pm _____ 4:30-5:30 pm _____
Wed - 7/18:	2:00-3:00 pm _____ 3:15-4:15 pm _____ 4:30-5:30 pm _____
Thurs - 7/19:	2:00-3:00 pm _____ 3:15-4:15 pm _____ 4:30-5:30 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