

# MINER SOFTBALL SUMMER CLINICS



Hosted by the MINER SOFTBALL COACHING STAFF and CURRENT S&T PLAYERS

**LOCATION:** Outside at the MINER SOFTBALL field

**\* IF we get inclement weather the camp will be cancelled with an 80% refund**

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## PROSPECTS CLINIC

### Wednesday, June 25, 2019

<u>Graduation Year</u>	<u>Time</u>	<u>Cost</u>
2020-2023	9:00 am- 4:30 pm (12:00 pm-1:00 pm OFF for lunch)	\$90

One day camp will provide specific skill instruction from Missouri S&T coaching staff and current players. It is designed for athletes who aspire to play college softball to improve all skills while competing with and against other athletes aiming to play at the college level. The morning session will be all skill instruction. The afternoon session will be competition and an opportunity to use and showcase your skills in live situations. There will be a Q/A session with current S&T players during the camp and every camper will have the option to take a tour of our campus.

***Limited to the first 36 applicants.***  
***\*players should plan on playing 2 positions while at camp***

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Cost for ALL camps includes a T-Shirt.

WHAT TO BRING: cleats and tennis shoes, dress appropriately, bring a helmet, bat, glove, catching equipment if you are a catcher to camp.

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# YOUTH CLINIC

## Monday-Thursday June 17-20, 2019

<u>Age</u>	<u>Time</u>	<u>Cost</u>
GRADES 1 - 7	9:00 am- 12:00 pm	\$40

*Limited to the first 50 applicants.*

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Cost for ALL camps includes a T-Shirt.

WHAT TO BRING: cleats and tennis shoes, dress appropriately, bring a helmet, bat, glove, catching equipment if you are a catcher to camp.

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**This release form must be completed in order to participate**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

email address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Parental Release

In consideration of enrollment in the 2019 Missouri S&T Miners Softball Clinic, I hereby release the Curators of the University of Missouri, its employees and representatives from any liability for injuries sustained by my child while participating in such program. The release shall apply to any acts or omissions on the part of the University and its representatives and to any acts or omissions of other participants. In the event of an emergency, I give consent for Missouri S&T to obtain from a physician or hospital such medical care as is reasonably necessary for the welfare of my child.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_