



SOUTHWESTERN OREGON COMMUNITY COLLEGE

WINTER SOFTBALL CLINIC

The SWOCC Coaching Staff, along with Laker players will be offering an instructional youth softball clinic to athletes who desire to develop and improve their fundamental skills and become better softball players.

Our attendees will receive focused attention and specific instruction needed to improve their individual skills. Attendees will be grouped by position and skill to allow and ensure everyone makes the most of their time spent with our Coaching Staff.

Clinic Details

Both Clinics will begin at 11:00 am and end at 3:00 pm. Please drop off and pick up Clinic attendees at the SWOCC Student Recreation Center. Lunch for both Clinics will be from 12:30 to 1:00 pm
The Pitching and Catching Clinic will begin at 9:00 am and end at 11:00 am in the SWOCC Student Recreation Center.

Youth Clinic (Ages 6-13)
Monday January 15th 2018
Monday February 19th 2018

11:00 am—3:00 pm

- Specialized Throwing and Technique
- Fundamentals of Hitting
- Fielding Form and Techniques
- Base running Footwork
- Sliding

Pitching and Catching Clinic
Monday February 19th 2018
(Ages 6 –13)

9:00 am —11:00 am

- Pitching and Throwing Instruction with Video Analysis (Radar Gun Readings Included!)
- Catching Instruction with Individual Skill Guidance .
- Drills , Drills, Drills, to take home with instructions.

*Reg/Check-In for both Clinics will begin at **10:30 A.M.** inside the Student Recreation Center located on the SWOCC campus*

*Reg/Check-in for pitching/catching clinic will begin at **8:30 A.M.**

Attendees will need to bring athletic attire, cleats, Tennis shoes, glove, bat, helmet, batting gloves, and a lunch. (water)

FOR REGISTRATION AND CAMP INFORMATION: Contact Coach Corriea
Cell: 541-404-2816 Email: mcorriea@socc.edu

REGISTRATION FORM:

Return to: SWOCC Softball Dept. 1988 Newmark Ave., Coos Bay, OR 97420

Camper's Name _____

Parent's Name(s) _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Clinic(s) attending _____

I acknowledge that I have elected to have my son/daughter participate in an activity that includes some risk of injury to him/her. I hereby release Southwestern Oregon Community College, its employees and agents from any injury or damage my son/daughter may suffer as a result of my voluntary participation in this activity and I hereby hold harmless Southwestern Oregon Community College, its employees and agent from any and all liability as a result of any injury or damage, of whatever nature, my son/daughter may suffer as a result of their voluntary participation in this activity.

Parent's Signature _____ Date _____

Youth Clinic Fee
\$45 for both
or \$25 each

Pitching/Catching
Fee \$25

Please make checks payable to:
Southwestern Oregon Softball