



Walled Lake Northern's

Summer Softball Camp 2017

WHEN: Monday-Wednesday, June 19th-21st, 2017
Rain out date will be Thursday, June 22nd from 9 a.m.-Noon.

TIME: 9 a.m. - Noon
WHERE: Walled Lake Northern High School Varsity Fields (South side of school)
AGES: 5-14 years old (K-9th grade in the Fall)
COST: \$80 per player; includes t-shirt and 3-hour session each day
 \$70 early registration DEADLINE May 26th-**ONLINE ONLY**
 (Sibling rates exist-please inquire via email)

WHAT TO BRING:

Wear cleats and gym clothing, bring your glove, bat and helmet (if you have one) and catching gear (if appropriate)

SKILLS COVERED:

Throwing, hitting, fielding, base running, pitching, catching, sliding, position work, fly balls, game strategy

YOU NEED TO KNOW.....

This camp will be a fun way to start your daughter's summer vacation! Players will work on their individual skills that are vital to be successful and competitive. We will also play a game each day so that players can learn and understand the importance of both offensive and defensive game strategies. The clinic staff consists of the program's coaching staff, former college players, the WLN Varsity team and local travel ball coaches and instructors. Come learn from some of the BEST and have FUN!

All proceeds from the clinic will benefit the WL Northern Softball Program
Walk-ins accepted but pre-registration preferred!!!

Please direct any questions to:

Kristen Woodard, Varsity Softball Coach 248-956-5486 OR kristenwoodard@wlcsl.org
 (REGISTER ONLINE or Please return bottom portion with payment)

IMPROVE YOUR SKILLS

Throwing

Hitting

Fielding

Base running

Pitching

Catching

Sliding

Game Strategy

Fun

WL Northern Summer Softball Clinic Registration

Mail to: Kristen Woodard, Softball Coach, Walled Lake Northern HS
 6000 Bogie Lake Rd., Commerce, MI 48382

Checks payable to

Kristen Woodard

Fee paid: \$_____

CIRCLE T-SHIRT SIZE: YM YL AS AM AL AXL

Player Name: _____ Grade _____ Age _____

Name of Parent or Guardian _____

Email Address _____

Address: _____

Phone #: _____ Work/Emergency # _____

Check # _____

Emergency & Medical Information:

Any medical, psychological or other problems? _____

Name of emergency contact (not parents) _____ Phone # _____

Family Doctor _____ Phone _____

Hospital preferred for emergency treatment _____