



Walled Lake Northern's.....

# Summer Softball Camp 2019

**WHEN:** Monday-Tuesday, June 24<sup>th</sup>-25<sup>th</sup>, 2019  
**Rain out date will be Wednesday, June 26<sup>th</sup> from 9 am - 12:30 pm**

**TIME:** 9 am – 12:30 pm  
**WHERE:** Walled Lake Northern High School Varsity Fields (South side of school)  
**AGES:** 5-14 years old (K-9<sup>th</sup> grade in the Fall)  
**COST:** \$65 per player; includes t-shirt and 3.5-hour session each day  
(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@wlcsd.org](mailto:kristenwoodard@wlcsd.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 \_\_\_\_\_