

**Session I - Beginners (\$40)**

**Grades 4 to 12**

8:30 a.m. - Registration (Dyson Baudo Rec Center)

9:00 a.m. to 10:30 a.m. - Session I

This session is designed for the player interested in learning the basic mechanics of pitching. The motion will be broken down into basic steps with drills appropriate for sound fundamental development. This session is ideal for beginners and anyone who needs to brush up on the basics of pitching. The change-up will also be introduced.

**Session II- Intermediate/Advanced (\$40)**

**Grades 8 to 12**

10:30 a.m. - Registration (Dyson Baudo Rec Center)

11:00 a.m. to 12:30 p.m.. - Session II

This session will include a brief overview of basic mechanics followed by an introduction to the change-up, drop ball, rise ball, curve ball and screw ball. Players who select this session must have mastered the basic pitching motion. This session is most appropriate for players who have good command of the fastball and are ready to learn advanced pitches.



Each participant **MUST PROVIDE THEIR OWN CATCHER** (no charge). The camp will feature Marietta's head softball coach, Jenn Castle, as well as the Marietta College team's pitching staff and other players. Participants will need to bring their gloves, tennis shoes, and a water bottle. **EACH SESSION LIMITED TO 20.**

---

**Cost of the camp is \$40 per camper. A \$20 non-refundable deposit is due by Jan. 11th. Please DETACH AND RETURN**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_ Session I or II

School \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Release Waiver/Insurance**

*I hereby and herein authorize the director of the Pioneer Softball Camp, or any agents working on their behalf, to act in my stead for the purpose of acquiring emergency medical attention for my daughter or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illnesses incurred while at the clinic in the event same is performed pursuant to such standard. By my signature here under, I warrant that my daughter or ward is in good physical condition, has no undisclosed medical problems, illnesses or handicaps, and is capable of full and active participation in the softball clinic. I also represent that my daughter or ward has received a physical within the last year and is medically competent to participate in the activities at the clinic. Further, I understand that my insurance is the primary coverage in the event of medical treatment. The appropriate information is provided.*

Name of Policy Holder \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Make check or money order payable to: Marietta College Softball

Mail to: Marietta College, Brianna Finck, Assistant Softball Coach, 215 Fifth Street, Marietta, OH 45750

Any questions? Contact Jenn Castle at (724)-986-1112 or ja003@marietta.edu