

Bothell High School SOFTBALL



Fastpitch Softball Clinic

For Little League Players

Wednesday March 12 / 3:30-6:00 PM

Bothell High School Softball Field

The Clinic will be run by Bothell High School Coaching Staff and the players. The purpose will be to build skills and knowledge of the sport and increase the participant's confidence. First and foremost, it will be FUN!

Come meet the current Bothell High School Fastpitch Softball players and coaching staff.

Participants will move from station to station learning the proper techniques for all skills.

- —Pitching —Catching —Throwing —Infield
- —Outfield —Hitting —Bunting —Base Running

Parents are welcome to stay and watch from the bleacher area but respectfully asked not to participate in the clinic with their child(ren).

CLINIC DATE AND TIME

Wednesday March 12 | Check In 3:00 PM. | Clinic 3:30-6:00 PM | Parent Pick Up at 6:00 p.m.

COST

\$ 65.00 each | Family Plan: 2nd child \$ 55.00 | 3rd or more \$160.00 (total)

PARTICIPANTS

Girls between the ages of 6 and 14 are welcome. This is a softball skills oriented program and we will concentrate on those skills. We will attempt to group the campers in like age groups. It is our intention to hold the Clinic **Rain or Shine.** So come prepared.

There is limited space available and registration forms will be accepted on a first come first serve basis

EQUIPMENT NEEDED

Turf Shoes and/or Tennis Shoes, Softball Glove, and Bat

We must have a minimum of twenty campers registered to hold this camp. If we do not have enough participants, money will be refunded to registered participants.

QUESTIONS? PLEASE CALL Fred Miller @ 425-876-6130 TO REGISTER –PLEASE FILLOUT THE FORM ON THE FOLLOWING PAGE

— Softball Glove — Jacket or Sweatshirt — Water Bottle **Please be sure all belongings are labeled. We cannot be responsible for lost or stolen items.**

Bothell High School Fastpitch Softball Clinic Registration Form (Registration DUE – March 5, 2025)

| Camper 1 Name: _ | | | | |
|---|---|--|--|--|
| Camper 2 Name: _ | | | | |
| Camper 3 Name: _ | | | | |
| Age: | Age: | Age: | | |
| Parent(s) Name: _ Address | | | City: | |
| Zip: | | | | |
| Home Phone: | | Cell Phone: | | |
| Email Address(es): | | | | |
| Emergency Contac | :t: | | | |
| Emergency Phone | · | | | |
| Cost of 1st Campe or more campers p | • | itional \$55.00 for 2 | nd camper and total c | ost of \$160.00 for 3: |
| be informational a | nd fun for my c | hild, and a fundrais | I understand that t er for Bothell High Scl up to, but not on, or a | hool Softball. |
| injuries do occur in her safety and par I authorize the org treatment the staf indemnify all thos | n all athletic end ticipation in this canizers of this c f deems approp e involved in org | deavors. I know of restrictions of the second section of the second section of the second section of the second section of the section of the second section of the section | e 2025 Fastpitch Clinion medical ailments, was that my daughter recical care for her whatey. I agree to release, holding but not limited accept all responsible. | which might affect quires medical care, ever medical old harmless and ed to Bothell High |
| Parent Signature | | | | |
| X | | Date | | |

Payment in full and this registration form must be received by March 5, 2025

Please make checks payable to Bothell High School and mail check and this registration form to:

Bothell High School Attn: Jeanette Balyeat 9130 NE 180th St Bothell, WA 98011

Any Questions? Please Contact Fred Miller at 425-876-6130