

**JJ VARSITY SOFTBALL CLINIC  
REGISTRATION FORM FOR  
Saturday April 1, 2017 10am -1pm  
PART II**

DETACH BOTH REGISTRATION PARTS I AND II AND MAIL ALONG WITH  
PAYMENT (CHECKS PAYABLE TO: JOHN JAY GIRLS SOFTBALL)  
BY MARCH 25TH TO:

*Audra Schumacher  
48 Birch Dr.  
Hopewell Jct., NY 12533*

YOU MAY ALSO PAY AT DOOR: **COST \$45.00**

Contact Audra Schumacher with any additional questions at:  
[arrds@optonline.net](mailto:arrds@optonline.net)

I, THE UNDERSIGNED, AGREE THAT IN THE INSTANCE OF AN INJURY TO  
MY CHILD I WILL NOT HOLD THE WCSD OR ANY OF THE STAFF, COACHES,  
VOLUNTEERS, OR PLAYERS RESPONSIBLE, AND FURTHER THAT MY  
PRIMARY INSURANCE WILL PROVIDE CARE.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
Date

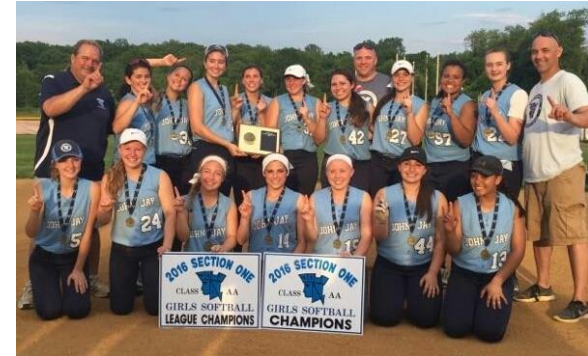
 **2016 Section One Class AA Champions** 

**John Jay Softball  
Spring All Skills Clinic for  
Girls in Grades 1-6**



**Saturday April 1<sup>st</sup>  
10am-1pm**

**JOHN JAY SENIOR HIGH SCHOOL GYMNASIUM**



**\*\*SPACE IS LIMITED, SO REGISTER EARLY! \*\***

***Hitting Coach Charlie Hayden will be instructing along  
with  
THE 2017 VARSITY SOFTBALL PLAYERS!***

# JOHN JAY VARSITY SOFTBALL CLINIC

## CLINIC INFORMATION

**MAIL BY MARCH 25TH OR PAY AT DOOR: COST: \$45.00**

\*Make checks payable to John Jay Girls Softball\*

\$10 discount/per player for teams with 6 or more players attending  
(please contact Audra [arrds@optonline.net](mailto:arrds@optonline.net) in advance re: discount)

ALL PROCEEDS TO BENEFIT JOHN JAY VARSITY SOFTBALL

JJ SOFTBALL T-SHIRT GUARANTEED FOR FIRST 50 PARTICIPANTS

**\*\*CLINIC IS OPEN TO PLAYERS OF EVERY ABILITY LEVEL\*\***

CLINIC IS INSTRUCTIONAL AND FOCUSES ON THE  
FUNDAMENTALS

PLAYERS WILL BE GROUPED BY AGE/ABILITY



DRILLS, DRILLS, DRILLS!!

HITTING, BASE RUNNING, FIELDING AND  
CONDITIONING

WEAR CLOTHING/SNEAKERS FOR INDOOR PHYSICAL ACTIVITY;  
BRING A BAT, GLOVE AND BATTING HELMET

**\*\*Contact: Audra @ [arrds@optonline.net](mailto:arrds@optonline.net) with any additional questions\*\***

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## PART I

\_\_\_\_\_  
NAME OF PLAYER

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN EMAIL

\_\_\_\_\_  
PARENT/GUARDIAN PHONE

\_\_\_\_\_  
CONTACT NAME WHILE AT CLINIC

\_\_\_\_\_  
CONTACT PHONE

\_\_\_\_\_  
AGE/GRADE

\_\_\_\_\_  
SCHOOL ATTENDING

T-SHIRT SIZE (ADULT SIZES)

XS S M L XL

Return this completed form (sign other side) along with payment  
(check payable to John Jay Softball) to:  
*Audra Schumacher*  
48 Birch Dr.  
Hopewell Jct., NY 12533