**Release Medical Treatment**

Registration will not be complete until this form is signed and returned.

Participant’s name: ____________________________________________

List any conditions that physicians should be aware of: ____________________________________________

__________________________________________

Contact person in case of emergency:

Name: ____________________________________________

Home Phone: ______________________________

Work Phone: ______________________________

Cell Phone: ______________________________

I certify that my daughter is physically able to participate in all camp activities. Also in the event of an accident or sudden illness, I authorize any medical treatment which may be advised by a trainer or physician. I release Clark Atlanta University and Softball Camp Staff from all claims which may arise from my child’s participation in the Clark Atlanta University Softball Clinic. As such, as a condition of my participation in the clinic and in consideration for Clark Atlanta University allowing me to participate in the clinic on its campus, I hereby hold Clark Atlanta University, Inc., its trustees, officers, directors, agents, volunteers, employees, representatives and attorneys, individually and collectively, harmless and waive any and all rights and claims for relief, actions, causes of action, suits, debts, obligations, liabilities, damages, demands, losses, costs and expenses (including attorney’s fees) brought or incurred as a result of my presence on the University’s campus and/or my participation in the clinic, and to reimburse them for any such expenses incurred.

Participant’s signature ____________________________________________

Parent’s signature ____________________________________________

I have insurance with ____________________________________________

Policy # ____________________________________________

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**Schedule of Events**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:25 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>9:25-9:35 AM</td>
<td>Introduction</td>
</tr>
<tr>
<td>9:35-10:15 AM</td>
<td>Warm-up (stretch, run)</td>
</tr>
<tr>
<td>10:15-10:25 AM</td>
<td>Instructions for Clinic Stations</td>
</tr>
<tr>
<td>10:25-11:05 AM</td>
<td>Infield drills</td>
</tr>
<tr>
<td></td>
<td>Station 1 2 3</td>
</tr>
<tr>
<td>11:05-11:45 AM</td>
<td>Outfield drills</td>
</tr>
<tr>
<td>11:45-NOON</td>
<td>SCOPE</td>
</tr>
<tr>
<td>NOON-12:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:35-1:00PM</td>
<td>Pitching Instruction</td>
</tr>
<tr>
<td>1:00-1:05 PM</td>
<td>Hitting/bunting</td>
</tr>
<tr>
<td>1:05-1:25PM</td>
<td>Base running drills</td>
</tr>
<tr>
<td>1:25-1:35 PM</td>
<td>Instruction in sliding</td>
</tr>
<tr>
<td>1:35-1:55 PM</td>
<td>Agility drills</td>
</tr>
<tr>
<td>1:55-2:00 PM</td>
<td>Team positioning</td>
</tr>
</tbody>
</table>

**MAIL OR FAX REGISTRATION FORMS TO:**

**CAU WOMEN’S SOFTBALL**

LAWANDA PEARSON, HEAD COACH

223 JAMES P. BRAWLEY DR.

ATLANTA, GA 30314

PHONE: 404-880-6813

FAX: 404-880-8397

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**CLARK ATLANTA UNIVERSITY**

**Lady Panthers Fast-Pitch Softball Clinic**

June 23-25, 2010

Girls Ages 6-18

9AM-3PM

Price $50.00

Per Player

Limited slots available. Must apply soon.
Lady Panthers Fast-Pitch Softball
Mission and Staff

Our goal is to provide an instructional-based clinic designed to improve overall skills and general knowledge of fast-pitch softball. The clinic focuses on the fundamental development of young female athletes’ ability to master the art of competitive fast-pitch softball. Each participant will be given individual attention and coaching to enhance her skills in the sport. The clinic will feature skill instruction in proper techniques for pitching, catching, throwing, batting, sliding, and base running. At the end of the day, the participant should understand the fundamental skills of fast-pitch softball on the various levels of the sport.

CAMP STAFF

The camp will be directed by the Clark Atlanta University Head Women’s Softball Coach, Lawanda Pearson, who has experience both as a player and a coach. As a player, Coach Pearson participated in five consecutive years of female Dixie Debs World Series Fast-Pitch Softball representing the State of Georgia (1987-1991). Coach Pearson also spent two years coaching NCAA Division I Morris Brown College Wolverines Softball team (2001-2003) as a head coach. Following her tenure at Morris Brown, Coach Pearson became the Head Softball Coach of the Clark Atlanta University Lady Panthers and has been the head coach for six years.

The camp will also be under the direction of the Assistant Coaches—Evelyne Evans, Ray Malone, and current and/or former CAU softball student-athletes.

Registration

Participants will be required to register for the clinic. The clinic participation fee is $50.00. We highly recommend each participant submit a copy of the completed registration form no later than Monday, June 21, 2010. Registration forms may be faxed or mailed to the contact information listed. We will only accept a certain number of participants, so please make sure you get your registration application to CAU’s softball office as soon as possible. Registration will be allowed the day of camp; however, parent must be present to sign waiver form. All activities will be held in downtown Atlanta on Clark Atlanta University’s Softball field located at the intersection of M.L.K. Jr. Dr. and Sunset Ave. The softball field is located on Clark Atlanta’s campus, next to the football stadium about a 1/2 miles from the Georgia Dome.

In the event of a Rain-out, all participants will be notified of rescheduling. Contact information on rain out call 404-468-8395.

WHAT TO BRING: Softball shorts or pants/sweats and t-shirt, softball cleats, glove, and a towel. (Optional) personal bat, helmet, sliding pads. Please do not bring any valuables. The clinic will provide lunch only for the day.

Deadline Date: 6/21/2010

Cost of Clinic is $50!!

Please complete personal information

Participant’s Name______________________________

Age_____

T-shirt size S__M__L__XL__

Address: ______________________________________

Contact number: _______________________________

I give my child permission to participate in Clark Atlanta University’s Fast-Pitch Softball Clinic.

Parent’s (guardian) Signature Date

Emergency Contact Person: ______________________

Emergency Contact Number:_____________________

Relation to participant___________________________

MAIL OR FAX FORMS TO:
CAU WOMEN’S SOFTBALL
LAWANDA PEARSON, HEAD COACH
223 JAMES P. BRAWLEY DR., S.W.
ATLANTA, GA 30314
PHONE: 404-880-6813
FAX: 404-880-8397
E-mail: lpearson@cau.edu