

**CLARK ATLANTA UNIVERSITY**

**Lady Panthers  
Fast-Pitch Softball  
Clinic**

**Monday, July 21-24, 2008**

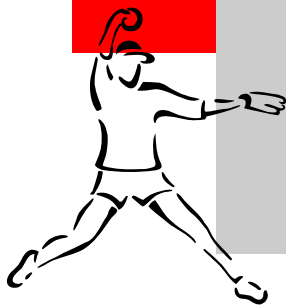
**Girls Ages 8-18**

**9AM-5PM**

**\$75.00 Preregistration**

**\$80.00 After pre-  
registration deadline or  
1st day of clinic**

**Girls' Softball Fast-Pitch Clinic.**



**Limited slots available. Must  
apply soon. Slots filling fast.**

# **Lady Panthers Fast-Pitch Softball**

## **Mission and Staff**

Our goal is to provide an instruction-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, fielding, 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 there five years.

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

## Registration

A nonrefundable payments of \$75.00 must be paid for each participant. Your payment must be received before 7/21/08. After the deadline or the first day of the clinic, the cost will be \$80.00 to participate. Team group rates are available. Teams consisting of 9 or more participants will receive a \$ 90.00 dollar discount. Registration begins the day of the clinic at 9:00 a.m. 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 1/1 miles from the Georgia Dome.

*In the event of a Rain-out, the clinic will be rescheduled the following weekend. Contact information on rain-out, call 404-468-8395.*

**MONEY ORDERS, CASHIER'S CHECKS and CASH ONLY. PLEASE MAKE PAYMENTS PAYABLE TO**  
Clark Atlanta University

For Softball Gift Fund.

**WHAT TO BRING:** Softball pants/ sweats and t-shirt, softball cleats, glove, and a towel. {Optional} personal bat, helmet, sliding pads. Please do not bring any valuables. Lunch will be served (cost is included in the registration fee).



**Clark Atlanta Lady Panthers  
Softball registration Form**

Deadline Date: 7/18/08

Individual rate b/f deadline: \$75.00

After deadline or day of clinic: \$80.00

Team Group rate (9 or more): \$ 90.00 discount for group

Total Amount Enclosed:

Individual \_\_\_\_\_

Team \_\_\_\_\_

Please complete personal information

\_\_\_\_\_ Age \_\_\_\_\_

Participant's Name

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

MAIL PAYMENTS 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

## 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: \_\_\_\_\_

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 \_\_\_\_\_

## **Schedule of Events**

9:00-9:25 AM	Registration
9:25- 9:35 AM	Introduction
9:35- 10:15 AM	Warm-up (stretch, run)
10:15- 10:25 AM	Instructions for Clinic Stations
10:25-11:05 AM	Infield drills Station 1 2 3 Outfield drills Station 4 5 6
11:05-11:45 AM	Individual Skills Station
11:45-NOON	SCOPE
NOON-1 PM	Lunch
1:00-1:45 PM	Pitching Instruction Hitting/bunting
1:45-1:55 PM	Break
1:55-2:30 PM	Base running drills Instruction in sliding Technique Foot movement drills
2:30-2:45 PM	SCOPE
2:45-3:00 PM	Team positioning individual performance
3:00-4:00 PM	Scrimmage/Evaluation
4:00 PM	Speaker
4:15 PM	Review Question/Answer

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