



**Poland Regional High School Varsity Softball
will be hosting
Skills and Drills Softball Clinics**

Sundays: March 4th, 11th, 18th and 25th

3rd-5th Grade from 9:00-11:00AM

From 9:00-10:00 we will be covering hitting and fielding fundamentals.
From 10:00-11:00 we will be covering pitching and catching fundamentals.

6th-8th Grade from 11:30-1:30PM

From 11:30-12:30 we will be covering hitting and fielding fundamentals.
From 12:30-1:30 we will be covering pitching and catching fundamentals.

Varsity Coaches Kayla Vannah, Katrina Seeley will be instruction the softball clinics with some guest appearances on March 4th, 11th & 18th & 25th.

Prices	Hitting/Fielding	Pitching	Both
March 5 th	\$15	\$15	\$25
March 12 th	\$15	\$15	\$25
March 19 th	\$15	\$15	\$25
March 26 th	\$15	\$15	\$25
All 4	\$50	\$50	\$80

**Poland Regional High School
Skills and Drills Softball Clinic 2018**

Prices	Hitting/Fielding	Pitching	Both
March 4 th	\$15	\$15	\$25
March 11 th	\$15	\$15	\$25
March 18 th	\$15	\$15	\$25
March 25 th	\$15	\$15	\$25
All 4	\$50	\$50	\$80

PLEASE CIRCLE WHICH CLINICS YOU WOULD LIKE TO ATTEND

*Please do not hesitate to contact Coach Kayla Vannah with questions at 207-975-5895 or via e-mail kvannah@gmail.com. Checks should be made payable to: **Poland Regional High School**. Please send checks and registration forms to:

Poland Regional High School
Attn. Don King/Softball Clinic
1457 Maine Street
Poland, ME 04274



Registration Form 2018

(Please Circle) Grade: 3rd 4th 5th 6th 7th 8th

Name of Child: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____

Home Telephone: _____

Parent/Guardian Name: _____

Emergency Contact Person: _____

Phone: _____

Medical Conditions: _____

Assumption of Risk/Medical Release Agreement: I/we the parent/guardian of the above named child, do hereby give my/our approval to my child's participation in any and all activities at the 2018 PRHS Youth Softball Clinic. We do further release, indemnify and hold harmless PRHS, the organizers and the instructors. In case of injury to my/our child, I/we waive all claims against PRHS, organizers, and any of the appointed instructors. Additionally, I grant permission for emergency medical treatment, should the above named individuals or I not be able to be contacted.

PARENT/GUARDIAN SIGNATURE:

Date: _____

Please Circle for a free T-Shirt Size: S M L XL