

Name _____
 Address _____
 City/Zip _____
 Phone _____
 E-mail _____
 School _____
 Age _____
 Grade _____

T-shirt size (please circle one):

Youth: M L Adult: S M L XL XXL

Pitching Clinic Registration

Please circle how many sessions:
 8 (\$190) 6 (\$155) 4 (\$115)

Dates you're planning to attend:
 Nov. 11 Nov. 18
 Dec. 2 Dec. 9 Dec. 16 Dec. 30
 Jan. 6 Jan. 13

Session you will attend:
 Grades 1-4 (9:00-9:50 a.m.)
 Grades 5-7 (10:00-10:50 a.m.)
 Grades 8-12 (11:00-11:50 a.m.)

Hitting Clinic Registration

Please circle how many sessions:
 8 (\$190) 6 (\$155) 4 (\$115)

Dates you're planning to attend:
 Nov. 11 Nov. 18
 Dec. 2 Dec. 9 Dec. 16 Dec. 30
 Jan. 6 Jan. 13

Session you will attend:
 Grades 1-4 (10:00-10:50 a.m.)
 Grades 5-7 (11:00-11:50 a.m.)
 Grades 8-12 (12:00-12:50 p.m.)

Make checks payable to Mount Mercy Softball

Mail to:

**Larry Yoder
 204 Broadmore Road NW
 Cedar Rapids, IA 52405**

Total \$ _____

HITTING INSTRUCTOR

Larry Yoder

**Mount Mercy Head Softball Coach
 319-721-7038 | yodey2000@yahoo.com**

Coach Yoder has more than 15 years of experience working with hitters and enjoys working with all levels from youth beginners to college athletes. Coach Yoder will be assisted by Mount Mercy players to ensure a low hitter-to-coach ratio during instruction.

PITCHING INSTRUCTOR

John Olachnovitch

**Mount Mercy Assistant Softball Coach
 319-540-1753 | coacho@rocketmail.com**

Coach Olachnovitch has more than 40 years of experience working with pitchers and enjoys working with all levels of pitchers from youth beginners to college athletes. "Coach O" will be assisted by Mount Mercy players to ensure a low pitcher-to-coach ratio during instruction.

**IMPORTANT NOTES ON THE
 PITCHING & HITTING CLINICS**

- *Participants required to bring their own bat and helmet.*
- *Pitchers must have their own catcher (parent/teammate).*
- Advanced payment and registration required.
- Maximum of 12 participants per time slot.
- Applications accepted in order they're received.
- Notice of acceptance will not be sent.
- Fees returned for applications received after clinic is full.
- Participants should bring their batting gloves, gym shoes, comfortable clothing, bat and helmet.
- Parents are welcome to watch their child, but are asked to refrain from commenting or coaching their child during the session. Clinicians will spend time with parents to review questions, etc., at the end of each session.



**2018-19 SOFTBALL PITCHING CLINICS
SITE**

J.W. Bell Warehouse
1755 I Ave. NE
Cedar Rapids, IA 52402

(Turn at the corner of 17th Street and I Avenue,
turn into drive just before warehouse and
enter small door next to second overhead door.)

SESSIONS

Sundays
Nov. 11, 18; Dec. 2, 9, 16, 30; Jan. 6, 13

TIMES

Grades 1-4: 9:00-9:50 a.m.
Grades 5-7: 10:00-10:50 a.m.
Grades 8-12: 11:00-11:50 a.m.

CLINIC FEE

8 sessions – \$190
6 sessions – \$155
4 sessions – \$115

PITCHING CLINIC FOCUS

At the level for grades 1-4, emphasis will be on proper mechanical development of fastball delivery and advancing to development of change-up as appropriate.

The session for grades 5-7 has increased emphasis on working batters and controlling game situations through changes in ball movement, location and speed.

At the level for grades 8-12, the focus is on the movement of pitches with a greater emphasis on the mental aspects of pitching.

SPECIAL FEATURES

Video analysis
Individual analysis
Biomechanical focus
Summer follow-up sessions available

**2018-19 SOFTBALL HITTING CLINICS
SITE**

J.W. Bell Warehouse
1755 I Ave. NE
Cedar Rapids, IA 52402

(Turn at the corner of 17th Street and I Avenue,
turn into drive just before warehouse and
enter small door next to second overhead door.)

SESSIONS

Sundays
Nov. 11, 18; Dec. 2, 9, 16, 30; Jan. 6, 13

TIMES

Grades 1-4: 10:00-10:50 a.m.
Grades 5-7: 11:00-11:50 a.m.
Grades 8-12: 12:00-12:50 p.m.

CLINIC FEE

8 sessions – \$190
6 sessions – \$155
4 sessions – \$115

HITTING CLINIC FOCUS

These clinics focus on providing players with key mechanical improvements to maximize their abilities. A few points covered at each camp:

- Create power and stability using the lower body.
- Develop control of the bat with proper upper body technique.
- Pitch recognition and vision training.
- Mental approach and situational hitting.
- Mechanics of the swing: separating the lower body mechanics from upper body mechanics.

SPECIAL FEATURES

Video analysis
Individual analysis
Biomechanical focus
Summer follow-up sessions available

**Mount Mercy University Camps & Clinics
Medical Information, Parental Consent and Waiver Form
All areas of this form must be completed
and signed prior to camp participation.**

Camper's Name _____
Birth Date _____

Allergies and Medications
Allergic reactions (drugs, food, asthma) _____ No _____ Yes
If yes, list: _____
Taking any medication at this time? No _____ Yes
If yes, list: _____

In Case of Emergency
Father Tel (H) _____ (W) _____ (C) _____
Mother Tel (H) _____ (W) _____ (C) _____
Other Emergency Contact:
Name _____
Tel (H) _____ (W) _____ (C) _____
Guardian's Name _____
Relationship _____

Your Medical Insurance
Company _____
Policy # _____
Name of Policy Holder _____

I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper; and for medical attention to be given: and for the Camper to receive medical attention in the event of accident, injury, or illness.

I understand and agree that neither Mount Mercy University nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate.

I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp.


I waive, release, agree to not sue for, and relinquish all claims against Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp.

I further agree to indemnify, hold harmless and defend Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp.

I agree that any photography taken of me or my child/ward while participating in the Mount Mercy University camps may be used for promotional purposes for Mount Mercy University or the camp.

Signed _____ Date _____

Printed Name _____

 Relationship to Camper _____