

Team Impact Winter Pitching Clinic

Registration Request Form

PARTICIPANT INFORMATION

Please type or print legibly

Last Name: _____ First Name: _____

School District: _____

Grade attended for school year 2014-2015: _____

Players Birth Date: _____ Age on 1/1/2015 _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Parent Cell Phone: _____ Parent email: _____

Please check the session for which you want to register

_____ **LEVEL 1 & 2** 8:30 am to 9:30 am
Designed for the beginning, younger and intermediate level pitchers. If you have never received basic pitching instruction you should also register for this session. **Catcher Required**

_____ **LEVEL 3** 9:30 am to 10:30 am
To be eligible a pitcher should have good fundamental pitching mechanics and understand the fastpitch terminology. This level will teach locations, change-ups & improving speed. You will be introduced to breaking pitches when you demonstrate control & command of locations & a change-up. **Catcher Required**

_____ **LEVEL 4** 10:30 am - 12:00 pm
To register for this level you must demonstrate good control and have a minimum speed of 54 MPH. You must be able to pitch to locations, have control and command of a change up and one breaking pitch. You will be introduced to additional breaking pitches. **Catcher Required**

Please list your pitching experience & clinics attended. Your ability to pitch to locations, and length of time using change ups & breaking pitches and what type.

Players acceptance into the clinic will be confirmed by Email

Submittal of this registration form is only a request to be accepted into the Team Impact Winter Pitching Clinic and does not guarantee placement into any clinic session. Class sizes are limited. Participants will be placed into a class with participants of a similar age & level. All requests will be filled and players placed on a first received basis. Acceptance of any request is limited by class size limits and qualified instructors available at each clinic level.

Parent Statement

I hereby state that (participant's name) _____ is in good mental and physical health condition to participate in the activities provided by **Team Impact**, including but not limited to all aspects of softball pitching & training. I am fully aware that any activity involving motion or athletic activity creates the possibility of serious injury. I hereby release **Team Impact, its coaches and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Ft. Cherry School District**, including any event sponsored or sanctioned by **Team Impact**, and or travel to and from such activities.

Parent Signature _____ Date _____

Return this form with your clinic fee of **\$100**. Make checks payable to: Team Impact
MAIL TO: Team Impact * 314 Lindsay Road * Carnegie, PA 15106

Please call (412) 249-7736 if you require additional information

Visit our Web Site - www.impact-pa.com