

Softball Clinic



For players in 6th, 7th, and 8th grade

Location: Dover-Sherborn High School Softball Field

Dates: Saturdays, October 3rd, 10th, and 17th

Time: 3pm-4:30pm

Cost: \$25 for each individual session or \$60 for all three (Checks should be made out to Raider Camps LLC)

Focus: Each session is designed to improve fundamental softball skills (hitting, bunting, throwing, fielding)

Name: _____ Grade: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____

Mark (x) each session to attend: **October 3rd** **October 10th** **October 17th**

Raider Camps, L.L.C, its directors and staff are not responsible for accidents resulting in medical, dental or other expenses. Participants are responsible for property damage and can be sent home without refund for violation of camp rules or inappropriate behavior. I certify that the applicant is in good physical condition to take part in the Softball Clinic.

Signature _____ In case of emergency, call _____

*A medical record of the camper must accompany this application, including-- but not limited to-- all conditions the clinic director should be aware of, such as allergies, diabetes, recent illnesses, etc.

**Raider Camps LLC,
7 Howe Street
Medway, MA 02053**

Any Questions? Contact Clinic Director, Rick Grady @ 508-254-0598 or rickgrady15@gmail.com