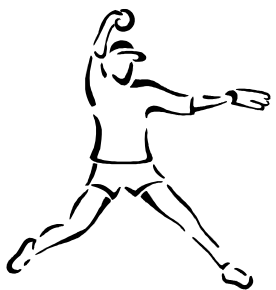

Meet our Staff:

Our clinic staff is comprised of Onondaga Community College Head Coaching Staff and Softball Team. We are pleased to have Sarah Reed, Onondaga High School Coach —2008 Division 2 All American.

Mission:

This is a skill clinic for all levels of softball players. Through the use of drills and individual instruction, our goal is to provide



a sound skill foundation for the younger players and to increase the skill level of the advanced player.



A College of the State University of New York
4941 Onondaga Road, Syracuse, New York 13215-2099
(315) 498-2282 www.sunyocc.edu

2009 “Black Friday” Softball Camp November 27th



4585 West Seneca Turnpike
Syracuse, New York 13215
Telephone: (315) 498-2239
baumr@sunyocc.edu

REGISTRATION FORM
Black Friday Softball Clinic
Friday, November 27, 2009

WHERE: Onondaga Community College
Physical Education Building
4585 West Seneca Turnpike
Syracuse, New York 13215

WHEN: **Friday, November 27, 2009**
8am — 5pm

GRADES: 3rd through 12th

COST: **\$60** This includes lunch (pizza, chips, drink), T-shirt, and swimming. (Concession stand available with priced items). Walk-ins will be \$70/call first for availability (518) 796-8315. Call for "half-day" price.

AGENDA: Pitching, hitting, defensive skills, speed, Agility, skill competitions, fun games, and swimming.

BRING: Sneakers, glove, swim suit, towel, change of clothes.

STAFF: The Onondaga Community College Softball Coaches and Team, including Sarah Reed (Onondaga High School Coach and 2008 D2 All American)

REGISTRATION: *Please return this form with payment of \$60.00 made payable to "OCCA".*



REGISTRATION FORM
Black Friday Softball Clinic
Friday, November 27, 2009

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Age: _____ Grade: _____
Email Address: _____
Telephone Number: _____
Cell Phone Number: _____

PERSONAL MEDICAL INFORMATION:

Date of Birth: _____
Height: _____ Weight: _____
Shirt size (please circle): S M L XL
Date of last tetanus immunization: _____
Medications currently taking: _____
Allergies to medicines or other: _____
Conditions that physicians should be aware of:

Restrictions while participating:

Insurance Company: _____
Policy Number: _____

EMERGENCY INFORMATION (contact in case of emergency and you cannot be reached):

Name: _____ Telephone: _____
Family Doctor: _____ Telephone: _____

Authorization: As the parent/guardian of the above named child, I give my child permission to participate in the "2009 Black Friday Softball Clinic". I also attest that I have adequate medical coverage, and I authorize any medical treatment for my child which may be advised or recommended by clinic personnel while my child is a participant in the clinic. I agree to indemnify Onondaga Community College, Onondaga Community College Association, Inc. and the County of Onondaga and its employees for any claim which may hereafter be presented by my child as a result of any injuries which may occur as a result of his/her participation. Finally, I understand that by his/her participation, my child agrees to all rules and regulations of the Onondaga Lazer's Softball Clinic, as established by the Head Softball Coach.

Parent/Guardian

Signature: _____
Date: _____

For more information, please contact Coach Ron Baum at (315) 498-2239 or email baumr@sunyocc.edu.

Please complete the registration form and **return with payment to "OCCA" and mail to:**

Jean Sarko—Management Services
ONONDAGA COMMUNITY COLLEGE
4585 West Seneca Turnpike
Syracuse, New York 13215