ABOUT THE CLINIC:

What to Expect:

1. Stretching
2. Core Training
3. Agility Training
4. Proper Warm ups and mechanics
5. Spins for pitches
6. The mental aspect of a successful pitcher
7. Live Demonstrations
8. Fun

WHAT TO BRING:

1. A Softie ball – 11 or 12 inch based on age group
2. A Catcher- This can be a teammate or an adult
3. Water Bottle- Always stay hydrated

Please Address any questions to: nicholsc@sunyocc.edu or call (315)-498-2239

STAFF:

Cristen Nichols
• Head Women’s Softball Coach at Onondaga Community College.
• Two time All-American Pitcher at OCC
• 2 year starter at University of Iowa
• Onondaga Hall of Fame inductee 2009.

Garrett Campbell
• Assistant Softball Coach at Onondaga Community College.
• Former Assistant Coach at C.W. Baker HS
• Co-founder/ Head Coach of ASA Diamond Devils.

Onondaga Community College team players

ONONDAGA SOFTBALL
The Pride Is Back!

ONONDAGA
SOFTBALL
PITCHING CLINIC
2012-2013
Ages 8-18

Location:
Onondaga Community College Gymnasium
4585 West Seneca Turnpike
Syracuse, NY 13215
2012/13 Onondaga Lazers Softball
CAMP REGISTRATION

October 7, 14, 21  November 4, 11, 18, 25  December 2, 9, 16, 23  January 6, 13, 20, 27

Name: _____________________________________________________________
Address: __________________________________________________________________________
City: __________________________ State: __________ Zip: __________
Phone: __________________________ E-Mail: __________________________
School: __________________________ Grade: __________

Personal / Medical Information
Date of Birth: __________ Height: _______ Weight: _______ Shirt Size (Adult-circle): S M L XL
Date of last tetanus immunization: _____________________________________________
Medications currently taking: _________________________________________________
Allergies to medicines or other allergies: ________________________________________
Conditions that physicians should be aware of: ___________________________________
Restrictions while participating: ______________________________________________
Insurance Company: __________________________ Policy Number: ______________________

Emergency Information (Contact in case of emergency)
Name: _____________________________________________________________
Daytime Phone(s): __________________________ Phone: __________________________
Family Doctor: __________________________ Phone: __________

Authorization
As the parent/guardian of the above named child, I give my child permission to participate in the 2012 Onondaga Lazers Softball camp. 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 Camp personnel while my child is a participant in the Camp. I agree to indemnify Onondaga Community College, Onondaga Enterprises, 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 Lazers Softball, as established by the Camp Director.

Parent / Guardian Signature: ____________________________________ Date: __________

The total camp fee must accompany this application.
Make checks payable to: Onondaga Enterprises, Inc.
Mail Registrations to: Onondaga Enterprises, Inc.
Attn: Auxiliary Services-softball clinic
4585 West Seneca Turnpike
Syracuse, NY 13215-4585

Dates and Times:

Sundays

October- 7th, 14th, 21st
November- 4th, 11th, 18th, 25th
December- 2nd, 9th, 16th, 23rd
January- 6th, 13th, 20th, 27th

Times are scheduled from 3pm- 4:30pm

All camp fees benefit our spring break trip to the Snowbird Tournament in Myrtle Beach, SC. This includes transportation, lodging and tournament fees.

Costs:

Per session: $12.00
Package- 15 sessions- $150.00
Package- 6 sessions- $60.00