

ALL-STAR SUMMER
SOFTBALL CLINIC
REGISTRATION PAGE

NAME _____

Grade last completed _____ Age _____

Address _____

Phone (H) _____

Phone (C) _____

email _____

CHECK ALL THAT APPLY

I have...

- never played softball before.
- played softball for a school or town league.
explain _____
- played at an advanced level.
- been a pitcher on a team.

I want to...

- learn to windmill pitch.
- be a better pitcher.
- be a better hitter.
- learn stronger defense skills.

Please enroll me in the Varsity Prep Program.

*** EMERGENCY CONTACT PERSON ***

Name

Phone #s

Please list any allergies or other medical conditions about
which we should know.

MICHAEL CALIGURI
C/O All-Star Summer Softball Clinic
600 Main Street Suite 2307
Worcester, MA, 01608

ALL-STAR

**SUMMER
SOFTBALL
CLINIC**



Memorial Field, Bolton

JULY 6-10, 2009

9:30-2:30

**NOTE: Friday, July 10, is a
half day- dismissal at noon**

**for girls who have
completed grades 3-8**

* CLINIC GOALS *

The goal of the All-Star Summer Softball Clinic is to provide girls in grade 3-8 with the basic skills needed to succeed in the sport of softball. We accomplish this by matching clinic participants with exceptional student athlete instructors.

The athlete to instructor ratio is kept low (never more than 1:5) to promote individual attention to skills development. Experts from the different specialty areas (pitching, hitting, middle infield, etc.) are on hand to help with higher levels of instruction. Coaches and athletes will concentrate on the techniques of position play as well as game strategy and sportsmanship.

SPECIAL CAMP FEATURES

This is the eleventh year of our summer clinic. Participants can expect...

A clinic tee shirt and prizes for contest winners. Clinic participants will receive trophies and special awards on the last day.

For eighth graders who plan to play at the high school level next spring, we have added a varsity preparatory program. This program will challenge veteran middle school players and acquaint them with the expectations of a varsity team. Just check the appropriate box on the registration form to sign up.

We offer a family discount. When sisters sign up, families save \$40. Those families sending three sisters to the clinic, pay for only two.

Clinic coordinators include Michael Caligiuri who has coached at the middle school level for 19 years and NCAA alum Brooke Nici who has played and coached for the Eastern Connecticut State Softball team. They have assembled a staff of All-Star softball coaches from local area high schools and colleges.

Wednesday and Friday are sliding days. Girls are asked to bring a swim suit and towel as we use a water slide to teach this valuable FUNdamental.

* SPECIAL CLINIC NOTES *

Athletes should bring a bag lunch, drinks, and a snack each day. Use of a small cooler is recommended.

Fresh water will be available at the field.

Athletes should provide their own gloves, sneakers or rubber cleats.

Bats, balls, bases, catchers equipment, and other specialty equipment such as pitching machines are provided by the clinic.



TYPICAL DAILY CLINIC SCHEDULE

9:30-9:55 sign-ins, announcements, warm-ups, stretches & throws and "tip-of-the-day"

10:00-10:55 defensive fundamentals period (infield and outfield games and drills)

BREAK

11:10-12:00 offensive fundamentals period (hitting, base running, and sliding)

LUNCH

12:30-1:20 specialty period (participants may sign up for mini-clinics in pitching, catching, advanced hitting, game strategy, etc.)

1:30-2:30 daily game by age and ability

Check for Clinic Updates at

[http://teacherweb.com/MA/
FlorenceSawyerSchool/MrCaligiuri/](http://teacherweb.com/MA/FlorenceSawyerSchool/MrCaligiuri/)

or

Email me at

mcaligiuri@nrsd.net

Clinic Tuition is \$125

(family discount—sign up sisters for \$105 each)

Please make checks payable to

Michael Caligiuri

PERMISSION SLIP and TOWN of BOLTON INJURY WAIVER

I, _____, as parent/
guardian of _____,
a minor child, do hereby consent to his/her participation in the *All-Star Summer Softball Clinic*, an athletic program offered and operated by Michael Caligiuri and his staff, in or upon land which is under the care, custody and control of the Town of Bolton and Bolton Parks & Recreation, and do forever release, discharge, indemnify and hold harmless the Town of Bolton and Bolton Parks & Recreation from any and all actions, causes of action, and claims for personal injury(ies) or damages on account of, or in any way arising out of my minor child's participation in the program, which I, as the parent or guardian of the minor child, may have now or in the future. I further release, discharge, indemnify and hold harmless the Town of Bolton and Bolton Parks & Recreation from any claims or rights of action for person injury(ies) or damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting from or in any way arising out of his/her participation in the above-referenced voluntary athletic program or activity.

As parent/guardian of the above-named minor child, in my absence, I hereby authorize the Town to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

Signature
Of Parent/
Guardian _____

Date ____/____/____

Med Insurance Policy # _____