



SOFTBALL

Pitching & Hitting Clinic

SATURDAY, APRIL 15

\$15 per player/per clinic or \$20 per player for both
Pitchers bring someone to catch for you



Register at the Branson RecPlex
 1501 Branson Hills Pkwy, Branson, MO
 417-335-2368

PLAYERS CLINIC

Rookie Pitching 12:00pm-1:00pm

Rookie Hitting 1:00pm-2:00pm

Rookie clinic is designed for girls 11 years or younger or a beginner
 (Never pitched/played before/limited pitching/playing experience)

Seasoned Hitting 2:00pm-3:00pm

Seasoned Pitching 3:00pm-4:00pm

Seasoned clinic is designed for girls 12 years or older
 (Have pitched/played a couple of years/mastered basic skills looking to improve upon/increase speed/power)



Clinic will be held at the RecPlex Ball Field;

Briana "Bri" Ford played 4 years for the Central Methodist University Eagles Softball Team as a pitcher. During her time as an Eagle, she was made captain, won 4 Conference Championships and made 3 trips to the NAIA National Tournament. Ford now coaches 16U travel softball and gives lessons at a Balls-n-Strikes in St. Louis, Mo.



Briana Ford Softball Clinic 2017

Register at the Branson RecPlex. Cash or Checks only. Please make your check payable to Briana Ford.

Pitching Clinic (\$15.00)
 Hitting Clinic (\$15.00)
 Both Clinics (\$20.00)
 Total Fee: \$_____

Child's Name: _____ Birthday: _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone #: _____ Cell: _____

Parent Name: _____ Email address: _____

I hereby waive, release, and forever discharge all claims against the City of Branson, its employees, volunteers, commissioners or agents for damages and/or injuries, which may arise from participation in the above named program. I hereby authorize any duly licensed physician, Emergency Medical Technician or medical facility to treat the above named person for injuries that may be received while participating in the program. I acknowledge that no warranty is being made as to the result of such treatment.

Signature of parent/guardian _____ Date _____

For office use: Total Paid _____ cash _____ check _____ date _____ staff initials _____