



**JANUARY**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



**FEBRUARY**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

**Join us for our hitting & pitching clinics!**

**WHO:** Players ages 9 to 18 of all skill levels.

**WHAT:** A series of drills and techniques will provide a solid skill foundation for younger players and increase the level of play for advanced players.

**WHEN:** January 22, January 29, February 5, February 12 & February 19.

**WHERE:** University at Albany Physical Education Building Gym or The Bubble.

**COST:** The cost is \$120 for all 5 sessions. Register by Friday, January 13 and receive a \$10 discount. Register for both hitting and pitching, and receive a \$20 discount. Walk-in admission is \$30 per session and group discounts are available; please contact us for availability.

**Pitching Times**  
**9:00am - 10:00am**  
**10:00am - 11:00am**  
**11:00am - 12:00pm**

**Clinicians**  
 Pitching Coach Jack Coons  
 Hitting Coach Joe Reardon  
 Head Coach Chris Cannata  
 Assistant Coach Stacy Birk  
 UAlbany Student-Athletes

**Hitting Times**  
**10:00am - 11:00am**  
**11:00am - 12:00pm**  
**12:00pm - 1:00pm**

**Bring sneakers, your glove, and all pitchers need to bring their own catcher.**  
 To register please complete the attached registration form and waiver.

Stacy Birk - Assistant Softball Coach - [sbirk@albany.edu](mailto:sbirk@albany.edu) - Office: 518-591-8652  
[www.ualbanysports.com](http://www.ualbanysports.com) - [www.facebook.com/UAlbanySoftball](http://www.facebook.com/UAlbanySoftball) - @UAlbanySoftball

- America East Regular Season Champions: 2004, 2005, 2008, 2011 -  
 - America East Tournament Champions: 2005, 2006, 2007, 2011 -  
 - NCAA Tournament: 2005, 2006, 2007, 2011 - Regional Finalists: 2007 -

**2012 WINTER HITTING AND PITCHING CLINICS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Skill Level: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

PITCHING 9AM (#1) \$120.00 \_\_\_\_\_ HITTING 10AM (#2) \$120.00 \_\_\_\_\_

PITCHING 10AM (#3) \$120.00 \_\_\_\_\_ HITTING 11AM (#4) \$120.00 \_\_\_\_\_

PITCHING 11AM (#5) \$120.00 \_\_\_\_\_ HITTING 12PM (#6) \$120.00 \_\_\_\_\_

**Enclosed is a total of \$\_\_\_\_\_ cash or check (circle one please).**

**Register by Friday, January 13 and receive a \$10 discount.  
Register for both hitting and pitching, and receive a \$20 discount.**

Please return this form with payment made out to **University at Albany** and mail to:  
University at Albany \* Softball Office – PE 123 \* 1400 Washington Ave. \* Albany, NY 12222

**University at Albany Winter Softball Clinics  
Release and Waiver of Liability**

I, \_\_\_\_\_, understand that participating in the UAlbany Winter Softball Clinic is a potentially hazardous activity. I know that I should not participate in these Clinics unless I am medically able and properly trained.

I assume all risks associated with participating in this event, including, but not limited to: falls, contact with other participants, faulty equipment, and all other such risks being known to me and appreciated by me.

Having read this Release and Waiver of Liability, and knowing these facts, and in consideration of the University at Albany accepting my entry to participate in the UAlbany Winter Softball Clinic (hereinafter the "Event") to be held on January 22, January 29, February 5, February 12 & February 19 at the University at Albany Campus, Albany, New York, I, intending to be legally bound, do hereby for myself, my heirs, my executors and my administrators agree as follows:

1. I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of participation in the Event against all persons, entities and agencies involved with promoting and holding the Event, including but not limited to the State of New York, the University at Albany and their officers, directors, employees, servants, volunteers and agents.
2. I assume the risk of all bodily injuries, including death, resulting there from, and personal injuries to me and damage to and loss of my property, including loss of use thereof, and any other indirect or consequential damages, resulting directly or indirectly from my participation in this Event and while traveling to and from this Event.
3. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend and hold harmless the entities named above from and against any and all claims, liabilities, losses, damages, costs, expenses (including attorney's fees), judgments, and penalties arising out of any of my, and/or said minors, acts or omissions to act.

Date: \_\_\_\_\_ (Sign Name of Participant) \_\_\_\_\_ (Sign Name of Parent)