



**Coe College Softball
Softball Camp 2012**

When: Sunday, February 26, 2012

Camp will be held in **Eby Fieldhouse** on the **Coe College Campus** for grades 3rd – 7th and 8th – 12th

The fee to attend this 3 hour clinic is \$60.00 with focus on:

- Proper throwing and catching mechanics
- Defensive instruction for infielders, outfielders and catchers
- Hitting instruction of the hand position, load and movement, weight distribution, balance, extension and follow-through
- Base running techniques
- Whiffle ball game with Kohawk players

Pitching mechanics are not covered at this camp but are offered in November – February during the Pitching clinics. Select the 'Hitting and Pitching Clinics' link on the softball web page for additional information and registration form.

The sessions are divided into two times based on the athlete's grade in school:

- Session 1: Grades 3rd – 7th
9:00am – 12:00pm
- Session 2: Grades 8th – 12th
1:00pm – 4:00pm

Campers need to bring their own gloves and are also encouraged to bring their own bats & helmets (if available). Each session has a 30 athlete limit.

To reserve a camp session, complete the registration form on page 2 and mail to:

Bob Timmons
Coe College Athletic Department
1220 1st Avenue NE
Cedar Rapids, IA 52402

Or, scan the registration form and email to dmeyer@coe.edu. Make checks payable to **Coe College Softball**.

Unless we contact you, assume your spot is reserved for this camp.

In the case of inclement weather, call Coach Timmons' cell phone to see if the camp is being held.

Coach Bob Timmons: 319.399.8859 (office), 319.551.2869 (cell) or btimmons@coe.edu.



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Place an X in the session your daughter will attend:

Date	Grades 3 rd – 7 th 9:00am – 12:00pm	Grades 8 th – 12 th 1:00pm – 4:00 pm	Fee \$60 Payable to Coe College Softball
February 26 th			

Athlete Name: _____

Grade: _____ Age: _____

School: _____

T-Shirt Size: _____ (Youth M or Lg; Adult S, M, L or XL)

Athlete e-mail address _____

Parent Name: _____

Address: _____

Parent e-mail address _____

Home Phone: _____

Work Phone: _____

Cell Phone _____

I (We) understand that accidents may occur in athletics even though safety precautions have been taken. My daughter has my permission to participate in the COE COLLEGE Softball Clinics and Camp and will not hold Coe College, Bob Timmons or any other coach or player responsible if an accident should occur.

Parent/Guardian Signature: _____ Date _____