

Hopkins Fastpitch 2011-12 Skills/Pitching Clinics



New this year - we have contracted with Pitch2Pitch to teach hitting, throwing and fielding. Pitch2Pitch, well known in the region for excellent baseball training, is now offering fastpitch instruction from top quality metro clinicians.



Clinics are held on Sunday afternoons. The First Session runs Oct 30st - Dec 18th (closed Nov 27th). The Second Session runs Jan 8th - Mar 4th (closed Feb.26th)

Our Skills Clinics are held at the Eisenhower Community Center Gym (1001 Hwy 7, Hopkins).

(Please note there will be no First Session slot specifically for 10U/D1-D3 players)

Pitching

We are proud to announce that we have contracted with **Strike 3 Pitching** to conduct our pitching clinics this year! **Julie Westbrook Healy** (Cornell University) will be our clinician.

Pitching will be held at Eisenhower Community Center the first session and Hopkins North Junior High School gym the second session. Clinics are held on Sunday afternoons.

The First Session runs Oct 30th - Dec 18th (closed Nov. 27th)

The Second Session runs Jan 8th - Mar 4th. (closed Feb 26th)

Open pitching time will be available Wednesday nights (6-9pm) at Alice Smith Elementary - **FREE** for all pitching clinic participants. Non-clinic participants may register. No outside clinicians permitted.

Register below or on online: Hopkinsfastpitch.com

Participant Information	
Name	Date of Birth
School	Grade
Address	Home Phone
City	Email
State	Zip
Mother's Name	Cell Phone
Father's Name	Cell Phone

First Session: Sundays, Oct 30 st – Dec. 18 th (closed Nov 27 th)	Second Session: Sundays, Jan 8 th – Mar 4 th – Closed Feb 26 th
Skills Clinic – Circle time preference	Skills Clinic – Circle time preference
11-12:30pm – 14U+	11:30 -1pm – 14U+
12:30 - 2 - Older 10U/12U	1-2:30 – Beginner 10U/Rec
2:30-4 – Older 10U/12U	2:30-4 – Older 10U/12U

Skills Clinic (Select one)			
Player Type	First Session	Second Session	Both Sessions
Beg. 10U/D1-D3Rec		<input type="checkbox"/> \$100	
Older 10U/12U	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
14+	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225

First Session: Sundays, Oct 30 st – Dec. 18 th (Closed Nov 27 th)	Second Session: Sundays, Jan 8 th – Mar 4 th – (Closed Feb 26 th)
Pitching Clinic – Circle time preference (Ike)	Pitching Clinic – Circle time preference (NJH)
Beginners (10U/12U) 2 - 3 pm	Beginners (10U/12U) 12 - 1 pm
Intermediate/Advanced 3 - 4 pm	Intermediate 1 -2 pm
	Intermediate/Advanced 2 - 3 pm

Pitching Clinics				Or Sign-up for Both! Skills & Pitching Clinics		
Player Type	First Session	Second Session	Both Sessions	First Session	Second Session	Both Sessions
Beg (10U/12U)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$90	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$250
Intermediate/Adv	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300

Open gym at Alice Smith – Wed 6-9pm – Nov 2th – Apr 6th - \$100

Emergency Information	
Physician / Clinic	Phone
Medical Insurer	Policy / Group#
Dentist	Phone
Dental Insurer	Policy / Group#
Emergency Contact	Phone

Parent/Guardian Agreement and Medical Care Consent:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the "Organization" (Hopkins Fastpitch), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associate with fastpitch softball and in consideration for the employees and associated personnel, including the owners of the fields and facilities utilized for the program, I hereby release, discharge and or otherwise indemnify the Organization, their employees and associated personnel, including the owners of the fields and facilities utilized for the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

As Parent/Guardian of a participant in the program, I hereby give my consent for emergency medical care prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependant.

Parent/Guardian Signature

Date

Questions? Call **Dave Lindstrom** at 763-522-6165 for more information, or go to: <http://www.hopkinsfastpitch.com>

Make Checks Payable to **Hopkins Fastpitch**

Mail: Kent Magaard (14800 Wellington Road, Wayzata, MN 55391)

Hopkins Fastpitch Credit Card Payment Form



Hopkins Fastpitch can accept credit card payments for registration and other fees associated with participation in our programs. Such payments are processed using PayPal.

Reason for Payment:

- Winter Clinics Registration Summer Registration Fall Registration
 Uniform purchase Spiritwear purchase Donation Other _____

Player name: _____ **Family name:** _____

Amount to be charged: _____

I authorize Hopkins Fastpitch to charge the above amount using the credit card information below.

_____ (signature) _____ (date)

Credit card information:

Exact name on the card: _____

Type of card: Visa MC AmEx Discover

Card number: _____ **Expiration date:** _____ **Security code:** _____

Street Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone number: _____

Please contact us if you have any questions or if any problems occur with this charge. The above credit card information will be destroyed once the payment transaction is completed and will not be retained.

Scott Beers
Treasurer
Hopkins Fastpitch
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scott@lottsacom