



Fall Prospect Clinics

Clinic 1 - Saturday, September 7th, 2019

Clinic 2 - Saturday, September 14th, 2019

Grades: 9th – 11th Grade (2021-2023 HS Grads)

Clinic is limited to 30 spots by position:

- 6 Pitchers
- 6 Catchers
- 6 Middle Infielders (SS/2B)
- 6 Corner Infielders (1B/3B)
- 6 Outfielders

****Please register for your PRIMARY position!***

Cost: \$210 per player
(Lunch NOT included)

Register Online:

www.fordhams softball camps.com

Prospect Clinic Format: 9am – 4pm

Fordham University Rose Hill Campus

441 E. Fordham Rd – Bronx, NY 10458

- **Clinic Check-In:** 8:30am-9am
- NCAA Initial Eligibility Information and Campus Tour
- Question and Answer Session w/current Fordham Softball Players
- College Strength/Conditioning Session
- Defensive Skill Work (P, C, IF, OF)
- Hitting Stations (Tee, Front Toss, Live)
- Live Scrimmage & Situations
- ****RAIN DATES – Clinic #1 - Sunday, September 8th, 2019**

Clinic #2 – Sunday, September 15th, 2019

Fall Prospect Clinics Staff:

Melissa Inouye – Head Coach

Matt Klampert – Assistant Coach

Katie McEachern – Assistant Coach

And current Fordham Softball Players

Additional Clinic Information:

- Lunch will NOT be provided!
- Fordham Softball T-Shirts will be available for purchase
- Certified Athletic Trainer will be at the clinic
- Please bring all necessary softball equipment
- Please bring your own water bottle

Any questions/concerns, Contact: Melissa Inouye - Head Softball Coach

E-mail: minouye@fordham.edu

Phone: (718) 817-4412

****An institution's sports camp or clinic shall be open to any and all entrants (limited only by number, age, grade level and/or gender).**



Consent and Release Form

In consideration of my minor child _____ being granted permission to attend, study, participate, and/or take part in **Fordham University Softball Fall Prospect Clinics**, to be held at **Fordham University** during _____ (date of clinic), I represent that I am the Parent or Legal Guardian of the above-named child, and I do for myself and my child, hereby agree, consent, release and forever discharge and indemnify and hold harmless **FORDHAM UNIVERSITY** and its officers, members, trustees, agents, and employees from and against all claims, demands, actions, or causes of action, loss, liability, damage or cost, including court costs and attorney's fees, for property damage, personal injury or death which may arise out of, result from, be caused by, occur during, or in any way be connected with the aforesaid activity. I confirm and represent that I have read and examined the relevant materials about this activity, and have full knowledge of any and all risks involved. I represent that my child is medically fit and physically capable of participating in the aforementioned activity (have had a physical dated within the last six months). I also represent that my child is covered by adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury to my child.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Medical Information

Please indicate any allergies OR medical needs:

Emergency Contact Name: _____

Emergency Phone Number: _____