

Name _____

Address _____

City/Zip _____

Phone _____

E-mail _____

School _____

Age _____

Grade _____

T-shirt size (please circle one):

Youth: M L **Adult:** S M L XL XXL

Please indicate your date(s) and time(s):

Feb. 12

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

Feb. 19

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

Feb. 26

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

March 4

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

March 11

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

March 18

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

Make checks payable to:
Mount Mercy Softball

Total \$ _____

Mail to:
Larry Yoder
703 Rock Valley Lane NW
Cedar Rapids, IA 52405

INDIVIDUAL & SMALL GROUP INSTRUCTION

Individual lessons are available for elementary, junior high and high school girls. Areas covered can include hitting, slapping, pitching, base running, fielding and throwing. Special sessions available for catchers.

Cost: A 40-minute lesson will be \$30. Special rates available for small groups. Please call for details.

Location: Lessons will be conducted at a prearranged site. For locations outside the Cedar Rapids area, the cost is an additional 50 cents per mile traveled by instructor.

Clinics: Additional clinics (1-2 day) hosted at your location may be arranged specifically for your needs by contacting Larry Yoder.

CONTACT:

Larry Yoder

Co-Head Softball Coach

Mount Mercy University

319-721-7038 mobile

yodey2000@yahoo.com



2012 WINTER/SPRING HITTING CLINICS

SITE

Mount Mercy University
Hennessey Recreation Center
1330 Elmhurst Drive NE
Cedar Rapids, Iowa 52402

SESSIONS

Sundays
Feb. 12, 19, 26; March 4, 11, 18

TIMES

Ages 8-13: 4:00-4:50 p.m. or 6:00-6:50 p.m.
Ages 14 & up: 5:00-5:50 p.m. or 7:00-7:50 p.m.

CLINIC FEE

\$30 per session
6 sessions – \$155

IMPORTANT NOTES

- **Participants required to bring their own bat and helmet.**
- Advanced payment and registration required.
- Maximum of 12 participants per time slot.
- Applications accepted in order they're received.
- Notice of acceptance will not be sent.
- Fees returned for applications received after clinic is full.
- Participants should bring their batting gloves, gym shoes, comfortable clothing, bat and helmet.
- Parents are welcome to watch their child, but are asked to refrain from commenting or coaching their child during the session. Clinicians will spend time with parents to review questions, etc., at the end of each session.

HITTING INSTRUCTOR

Larry Yoder

Mount Mercy Softball Coach

Coach Yoder has more than 15 years of experience working with hitters and enjoys working with all levels from youth beginners to college athletes. Coach Yoder will be assisted by Mount Mercy players to ensure a low hitter-to-coach ratio during instruction.

CLINIC FOCUS

These camps focus on providing players with key mechanical improvements to maximize their abilities. A few points covered at each camp:

- Create power and stability using the lower body.
- Develop control of the bat with proper upper body technique.
- Pitch recognition and vision training.
- Mental approach and situational hitting.
- Mechanics of the swing: separating the lower body mechanics from upper body mechanics.

SPECIAL FEATURES

Video analysis
Individual analysis
Biomechanical focus
Summer follow-up sessions available



Mount Mercy Camp/Clinic

Medical Information, Parental Consent and Waiver Form

All areas of this form must be completed and signed prior to camp participation.

Camper's Name _____
Birth Date _____

Allergies and Medications

Allergic reactions (drugs, food, asthma) _____ No _____ Yes

If yes, list: _____

Taking any medication at this time? _____ No _____ Yes

If yes, list: _____

In Case of Emergency

Father Tel (H) _____ (W) _____ (C) _____

Mother Tel (H) _____ (W) _____ (C) _____

Other Emergency Contact:

Name _____

Tel (H) _____ (W) _____ (C) _____

Guardian's Name _____

Relationship _____

Your Medical Insurance

Company _____

Policy # _____

Name of Policy Holder _____

I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper; and for medical attention to be given: and for the Camper to receive medical attention in the event of accident, injury, or illness.

I understand and agree that neither Mount Mercy University nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate.

I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp.

I waive, release, agree to not sue for, and relinquish all claims against Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp.

I further agree to indemnify, hold harmless and defend Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp.

I agree that any photography taken of me or my child/ward while participating in the Mount Mercy University summer camps may be used for promotional purposes for Mount Mercy University or the camp.

Signed _____ Date _____

Printed Name _____

Relationship to Camper _____