

## Wayne State College Softball Coaches Clinic

**Dec. 3rd**

**Educational Session for anyone want-  
ing to coach softball.**

**9:00 a.m. – 1:30p.m.**

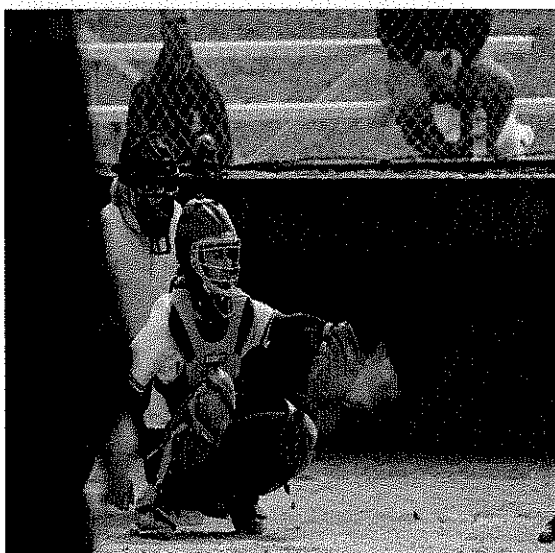
**Registration @ 8:30am Dec. 3**

**Wayne State Rec Center**

**Cost: Preregistration \$200**

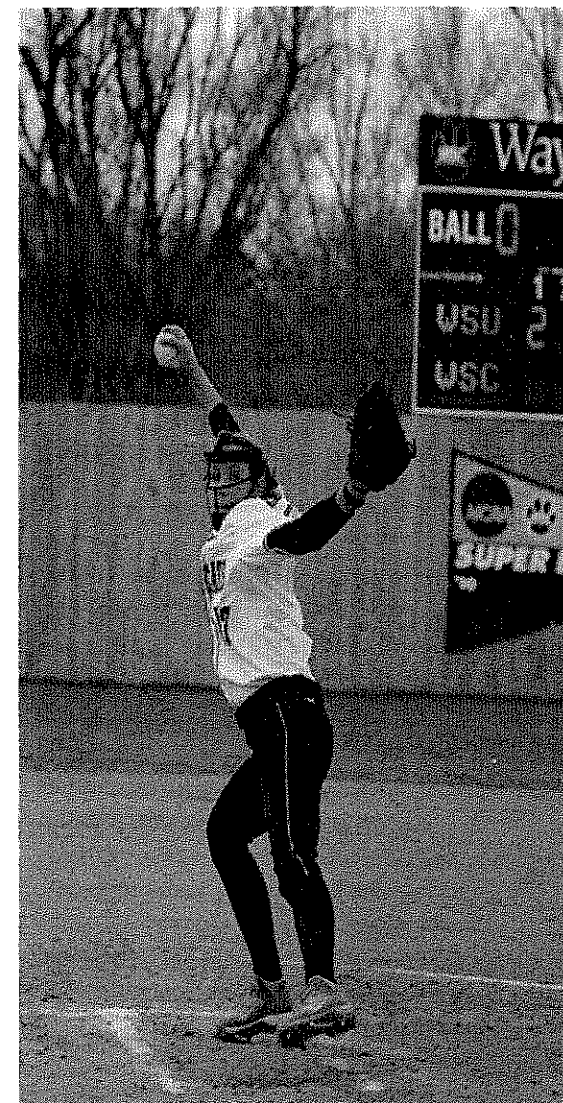
**Walk up \$210**

This is an opportunity for anyone (parent/coach) with aspirations to coach softball to learn from the Wildcat Staff and players about our program. Hitting, Defense, Pitching, Catching, Base Running, Weight Training and Game Strategy are all going to be covered during the clinic. Drills for every level of player will be demonstrated, as well as documented on flash drive to be given to all participants. Coaches are encouraged to video tape all drills and the talk for their further reference.



PLACE  
STAMP  
HERE

Wayne State College  
Softball Camps



**Items to Bring:** Pens and/or pencils for note taking.

**For more information:** Contact Head Coach Shelli Manson at [shmanso1@wsc.edu](mailto:shmanso1@wsc.edu) or 402-375-7522



### Wayne State College Softball Coaches Clinic Registration Form

Cost: Pre Registration \$200  
Walk Ups \$210

(NO REFUNDS!!!)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_

Email \_\_\_\_\_

Payment: Check # \_\_\_\_\_

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**(Lunch Provided)**

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**Walk up \$210**

A Flash drive will be handed out to all participants. It will cover all drills and instruction for all positions and disciplines. Lunch will be provided. Student athletes will also be on hand to demonstrate drills and answer questions about recruiting and playing DII softball.

### WSC Camp Release Form

I do hereby release the Board of Trustees of the Nebraska State Colleges, Wayne State College, the WSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the WSC Athletic Camp. I hereby authorize the staff of Wayne State College and the WSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I further give my permission for Wayne State College and the WSC Athletic Camp to use, for publicity or advertising purposes, any photographs take of me at the camp.

Participant \_\_\_\_\_

Date \_\_\_\_\_

Parent (*required for all participants*) \_\_\_\_\_ Date \_\_\_\_\_

**Please send registration form, WSC Camp Release Form and check to:**

Wayne State College  
Asst. AD for Business Mgmt.  
1111 Main Street  
Wayne, NE 68787

**Register Online:**

**<http://www.wscsoftballcamps.com>**