



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220



Cedar Grove Softball Summer Nights Clinic
FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944

- **Who:** Girls Entering 3rd-9th Grade in Sept. 2019 (from any town)
- **Where:** Panther Park – Softball Field – 118 W Bradford Ave, Cedar Grove
- **When:** July 15-July 18 (July 19th rain date)
- **Time:** 6:00-8:30pm
- **Fee:** \$125.00/child – there will be a late fee of \$10.00 after 6/14/19

Description: Cedar Grove HS Head Coach, Nikki Velardi and Staff are ready to work with players to enhance their game! The Cedar Grove Summer Nights Clinic provides a great opportunity for players from ANY TOWN to enhance agility, skills, and technique. Sessions will feature multiple drill stations and training techniques focusing on the fundamentals and teaching the proper mechanics of all aspects of the game. We recommend that all players attending the clinic bring the following: Cleats/Sneakers (no metal cleats), Catchers Equipment, Water Bottle, Hat/Visor, Glove, Bat.

Cedar Grove Softball Summer Nights Clinic – 2019

NAME _____ GRADE (in Sept. 2019) _____ DOB _____

ADDRESS _____ TOWN _____

MAIN PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) _____

T-Shirt Size: Please Circle YOUTH or ADULT & Small Medium Large XL(adult only)

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

Parent/Guardian Signature _____ **Date** _____

\$125.00