



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 070  
(973) 239-1410 x220



**Cedar Grove Softball Summer Nights Clinic**

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;  
“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
Call the Weather Hotline #973-230-9944**

**Who:**

Girls Ages 5-13 (from any town)

**Where:**

Panther Park – Softball Field  
118 W Bradford Ave, Cedar Grove

**When:**

July 15<sup>th</sup>- 18<sup>th</sup>

**Time:**

6:00-8:00pm

**Fee:**

\$200.00/child – \$10 late fee after 6/21/24

**No Refunds after June 15<sup>th</sup>!**

All participants will receive a t-shirt

Register here ; <https://register.communitypass.net/TownshipofCedarGrove>

**Drop-in Fee:**

\$60.00/child per day. Waiver will need to be signed by parent/guardian at drop-off

**Outdoor Programming information:**

There may be inclement weather. If a class is cancelled, you will receive an email and can also call 973-230-9944 or check the Cedar Grove Recreation Facebook page.

We try our hardest to make up all classes. If we cannot, please note that the price will not be adjusted.

**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.

**SUMMER NIGHTS SOFTBALL CLINIC 2024 – DROP-IN**

Child’s Name \_\_\_\_\_ Age by 7/15 \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

Any Allergies or Health Conditions? \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I or my teammates may incur while playing or practicing. My team is 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 or my teammates need medical assistance. By signing this, I am also assuring the Recreation Department that all of the rules/regulations stated in the *description* above, are abided by, and all information provided is correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_