

Fastpitch Softball Pitching Clinics

Dates: March 13, 20, 27, April 3, 10, 17

Cost: \$180

Location

Sabes Jewish Community Center, 4330 S. Cedar Lake Road, Minneapolis, MN 55416 www.sabesjcc.org

Limit 10 pitchers per clinic

Pitchers MUST bring their own catchers

Beginners

Beginning pitchers will be new to fastpitch, or will have had some instruction in the past, but would like to revisit and ensure proper mechanics. Beginner clinics focus on the basic mechanics of pitching. The complete pitching motion is broken down into eight steps for easier learning. Pitchers will learn the correct grip, a warm-up routine, and the fastball pitching motion.

Intermediate

Intermediate pitchers will have had some instruction in the past and possibly throw off-speed or spin pitches. Focus will be on refining mechanics to ensure a proper warm-up, and adjusting off-speed or spin pitches to work effectively. Mental preparation and pitching strategy will be interspersed throughout the session.

Times

Clinic 1: Beginners	11:00 a.m. – 11:55 a.m.
Clinic 2: Beginners	12:00 p.m. – 12:55 p.m.
Clinic 3: Intermediate	1:00 p.m. – 1:55 p.m.

Additional clinics, including Advanced, may be added depending on response.

Contact Julie at julie@strike3pitching.com or 651-336-2599 to register.

Pitching Instructor Julie Westbrook Healy

A native of Inver Grove Heights, Minnesota, Julie was an All-State pitcher for Simley High School and was recently inducted into the Simley High School Athletic Hall of Fame. Julie went on to play softball for Cornell University in Ithaca, New York. There, she earned accolades such as Ivy League Rookie of the Year, Northeast Regional All-American, Ivy League Pitcher of the Year, and Cornell University's Female Athlete of the Year. As a senior, she led Cornell to its first Ivy League title. In October 2009, Julie was the first softball player ever to be inducted into the Cornell Athletic Hall of Fame.

Through her clinic experience, Julie learned how to effectively teach an eight-step pitching technique. She believes that breaking down the full motion and teaching it in small steps is the most effective way to master the basic mechanics.

A practicing attorney, Julie specializes in the areas of estate planning and business law (healylawllc.com). She and her husband and son live in Richfield, Minnesota.

REGISTRATION FORM

Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone # () _____ Age _____

Email Address _____

Parent or guardian _____

Name of School _____

Coach's Name (if applicable) _____ Year in School _____

STRIKE 3 PITCHING PARENTAL PERMISSION - HOLD HARMLESS AGREEMENT

Pitchers WILL NOT BE ALLOWED TO PARTICIPATE without this completed form!

PITCHER NAME: _____

I am aware of the inherent dangers and risks involved in Strike 3 Pitching Clinics including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:

1. Being hit or struck by sports equipment (bat, ball, stick, club, and helmet).
2. Being hit, struck, physically challenged or collision with other Clinic participants
3. Collision with camp facilities (floor, wall, backboard, ground, screen, bench, chair, mat).

I agree, on behalf, of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Strike 3 Pitching, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Strike 3 Pitching.

I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

I understand that Strike 3 Pitching does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

NOTE: Your child will not be allowed to participate in our clinics unless signed by a parent or guardian.

Signature of Parent or Guardian _____ Date _____