



# LIGHTNING JUNIORS SOFTBALL CLINIC

## PROGRAM HIGHLIGHTS

Eugene Lightning Juniors is for girls in grades 1-4. Our focus is on teaching the fundamentals of softball and having fun. The players will practice in small groups supervised by Eugene Lightning and Sheldon High School coaches and players.

## SCHEDULE/FACILITIES

The clinic will be held at the Sheldon High School varsity softball field on the following days (Note: changes may need to be made if there is rainy weather or field availability issues):

### Dates:

Friday, April 5<sup>th</sup> (6:00-7:30)

Friday, April 12<sup>th</sup> (6:00-7:30)

Friday, April 19<sup>th</sup> (6:00-7:30)

Friday, April 26<sup>th</sup> (6:00-7:30)

## REQUIRED EQUIPMENT

Glove, bat, helmet, and water bottle. Cleats are recommended but not required.

## FEES / REGISTRATION / CONTACT

All clinic proceeds will go to the Sheldon High School softball program to fund field maintenance and improvement.

The clinic fees are \$15 per session, or \$50 for all sessions, payable: (1) in cash, (2) via PayPal to [eugenelighting@yahoo.com](mailto:eugenelighting@yahoo.com) (include name of participant when payment is made), or (3) with a check made out to "Eugene Lightning Softball".

To register, complete the form below and deliver to:  
Eugene Lightning, P.O. Box 21526, Eugene, OR 97402  
Or send via email to [eugenelighting@yahoo.com](mailto:eugenelighting@yahoo.com).

**Players who register for all four clinic sessions will receive a Lightning t-shirt.**

Questions? Please contact us at the above email address or at 541-515-1860.

Or learn more about us at [www.eugenelighting.com](http://www.eugenelighting.com).

### LIGHTNING JUNIORS REGISTRATION 2019

Player Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_  
Grade spring 2019 \_\_\_\_\_ DOB \_\_\_\_\_

For players registering for all four clinic sessions, please indicate T-shirt size below:

- Youth- Small
- Youth- Medium
- Youth- Large
- Adult- Small

My daughter is covered by health insurance for any injuries she may incur: \_\_\_\_\_ Yes \_\_\_\_\_ No

I authorize all medical procedures as may be performed or prescribed by a treating physician for my child, if I cannot be reached in an emergency. I agree that neither I, nor my child, will bring any claims of any kind against Sheldon High School, Eugene Lightning Softball, or any person connected with the Sheldon High School softball program or the Eugene Lightning Softball program, including without limitation the coaches and clinic instructors, as a result of any injuries, expenses or damages that I, or my child, may suffer in connection with my child's participation in the Eugene Lightning Juniors softball program, whether such claims are known or unknown or arise in the future. I **ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE PROVISIONS AND I AGREE TO ABIDE BY THEM.**

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