

# 2019 Phillipsburg Softball Improvement Opportunities

## **Mini Clinics:**

Mini-clinics will be held on Tuesdays and Wednesdays from June 4<sup>th</sup> through July 10<sup>th</sup> with hitting and outfield instruction on Tuesdays and fielding and baserunning instruction on Wednesdays. These 12 sessions will be held at the *Phillipsburg Athletic Complex Softball Fields* and run by former PHS graduate and current coach at Diamond Nation, Katya Corbett, and several PHS Varsity players.

Groupings and time slots are as follows:  
 Entering 3<sup>rd</sup> through 5<sup>th</sup> grade- 4pm-6pm  
 Entering 6<sup>th</sup> through 8<sup>th</sup> grade- 6pm-8pm  
*Any questions, email Coach Katya at kcsball5@gmail.com*

## **Summer Camp:**

For girls entering grades 1-9!  
 July 15- July 18, 2019 at *Phillipsburg Athletic Complex Softball Fields*  
 8 am - 12 pm

Camp fees include daily age appropriate softball instruction by high school coaches Kristin Boyer, Katelyn Marinelli, and Alison Robbins, as well as several graduated and current Phillipsburg Varsity players. Each child will also receive a camp T-shirt. Registration is accepted up to the day of camp, however a specified t-shirt size cannot be guaranteed unless registered prior to June 1st.  
*Any questions, email Coach Boyer at statelinersoftball@gmail.com*

## **Cost:**

(Circle which one attending)  
 Mini Clinics- \$120  
 Summer Camp- \$100  
 Both- \$200

Please complete the information below & mail with an enclosed check to *Coach Boyer at Phillipsburg High School, 1 Stateliner Blvd. Phillipsburg, NJ 08865* **before June 1st:**

### **Checks made payable to: Stateliner Softball**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade Entering Fall 2019: \_\_\_\_\_

T-shirt Size (for camp only):    YM    YL    S    M    L    XL    2XL

#### Emergency Contact/Consent

I give my consent and approval for the above named child to participate in the Phillipsburg Stateliner Softball Mini Clinics and/or Summer Camp. I also give my consent and approval for the above named child to be treated and cared for by a hospital emergency room staff in the event of an injury/emergency. I understand that the Town of Phillipsburg, the Phillipsburg School District, and the coaches are not responsible for any injuries incurred while participating in the mini-clinics and/or camp. I further acknowledge that the above named child is of good health to participate in the aforementioned clinic and/or camp.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Parent/Guardian Phone Number

\_\_\_\_\_  
 Emergency Contact Name

\_\_\_\_\_  
 Emergency Contact Number

