

# Pam Newton / Easton All American Softball Clinics 2009

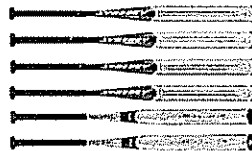


## **CLINIC WILL COVER THE FOLLOWING AREAS:**

\* HITTING \* BUNTING \* INFIELD \* BUNTING \* AGILITY \* BASERUNNING \*  
THROWING \* OUTFIELD \* DRILLS \* PITCHING \* AGILITY TRAINING \*

WHO: IRVINE GIRLS SOFTBALL ASSOCIATION  
WHAT: PLAYERS CLINIC COST \$25 PER PLAYER (PRE-REGISTRATION)  
WHEN: (SUN) FEB. 22, 2009 TIME: 9AM – 3PM  
WHERE: BILL BARBER COMPLEX  
WHY: TO BUILD GREAT ATHLETES

- **GREAT INSTRUCTORS** – COLLEGE ALL AMERICANS & STANDOUTS, ASA ALL AMERICANS, WORLD CHAMPIONS
- **JR. STAFF** – HIGH SCHOOL STANDOUTS, ASA GOLD PLAYERS, CIF ALL AMERICANS
- **FUN RAFFLES** – COME WIN...IT'S FUN AND GREAT "EASTON" GIVE-A-WAYS



## **CLINIC DIRECTOR: PAM NEWTON**

- 2002 – 2003 USA JR. NATIONAL TEAM – HEAD COACH \*USA JR TEAM SILVER MEDAL 2003\*
- 2003 & 2001 ASA/USOC JR. DEVELOPMENT COACH OF THE YEAR \*
- USA WORLD GOLD MEDALIST
- ASA 8 TIME ALL AMERICAN, FORMER USA NATIONAL TEAM MEMBER
- 2 TIME ASA WOMEN'S MAJOR NATIONAL CHAMPION
- COACHED FLASH D' GOLD TRAVEL BALL TEAM 1992 - 2002
- 2002 – 2009 CALIFORNIA LITE AN ASA GIRLS TEAM 18 UNDER GOLD
- SPORTS MARKETING MANAGER FASTPITCH - FOR EASTON SPORTS
- NATIONALLY RECOGNIZED SPEAKER AND CLINICIAN

Pam Newton / Easton All American Softball Clinics 2009



IRVINE GIRLS SOFTBALL ASSOC. Feb. 22<sup>nd</sup> 2009

*INFORMATION*

- Pre-Registration Cost: \$25 ea. Registration on the clinic day \$35, (only if space is available)
- Snack bar will be open**, water bottle, cleats and glove (we provide Easton Bats and all other equipment)
- Clinic Check in: 8:30am Clinic Start: 9am Lunch: 12:00 Clinic End: 3pm
- Parents please check your daughter in, you are welcome to stay and watch
- Please send the registration form and a check made **Payable to IGSA** and **MAIL TO:**  
**JIM FORMBY – 17711 Manchester Ave – Irvine, CA 92614**
- Field Site: **BILL BARBER FIELDS**

**Registration Form:**

Player: \_\_\_\_\_ Age: \_\_\_\_\_ Division: \_\_\_\_\_

Player Skill Level: beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Email: \_\_\_\_\_

**Coach and/or Player Release Form:**

This is to certify that I, the person or parent of \_\_\_\_\_ authorizes myself or my daughter to participate in the Pam Newton's All American Softball Clinic. I hereby authorize and empower the staff of Pam Newton's All American Softball Clinic to give consent for treatment in any medical emergency where treatment is needed as necessary for my child or myself. I further assume all economic and financial obligations resulting from any injuries or illness incurred while at the softball clinic. I have no knowledge of any physical impairment that would affect myself or my daughters' participation in the clinic. If there is something that the staff should be alerted to please list:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_