

KENT STATE UNIVERSITY

2012 FASTPITCH SOFTBALL COACHING CLINIC

Saturday, February 4th, 2012

- Clinicians:** Kent State University Head Coach Karen Linder and Assistant Coaches Jexx Verner and Amy Densvich
- For:** Coaches and/or parents who want to learn how to teach fastpitch softball fundamental skills. Focus will be on how to properly execute skills, drills, and strategies that can be utilized in practice and games at any level.
- Time:** 9:00 a.m. -12:30 p.m. - Coaches Clinic will be conducted in conjunction with KSU's softball practice
- Location:** Kent State University Field House located next to Dix Stadium on Summit Street in Kent, Ohio
- Cost:** \$30/per person, \$25/per person (with 2 or more coaches from the same organization or school)
- Bring:** You may want to bring a lawn chair, as seating in the field house is limited.

Clinic is being run simultaneously with the KSU softball team practice. Skills, drills, and strategies will be explained as practice is going on.

CLINIC PROGRAM

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|---------------|--|------|---------------------------------|
| 9:00 – 9:15 | Introduction | | |
| 9:15 – 9:45 | Stretching and warm up | | |
| 9:45 – 10:15 | Base running | 9:45 | Pitching and catching work outs |
| | | | Warm up and drills |
| 10:15 – 10:30 | Throwing drills | | |
| 10:30 – 10:50 | Defensive drills by position | | |
| 10:50 – 11:20 | Team defense – bunt defense with run downs, relays and cuts | | |
| 11:30 – 12:05 | Offensive stations – warm-up, tees, soft toss, front toss, bunting | | |
| 12:05 – 12:20 | 1 st and 3 rd situations | | |
| 12:20 – 12:30 | Conditioning | | |

For information concerning registration, please call the Field House at 330-672-2421. For additional information on camp, please contact the Kent State Softball Office at 330-672-8431. Camp Information is available at www.kentstatesoftballcamps.com.

Two ways to register – Use the following registration form or register on line.

KENT STATE FASTPITCH COACHES CLINIC REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

TEAM NAME _____

Check if team is: Youth league _____ Ages _____ HS Varsity _____ HS JV _____ Travel Ball _____ Age Group _____

Number of coaches _____ Names of additional coaches _____

**RETURN REGISTRATION FORM AND PAYMENT TO KENT STATE ATHLETICS/SOFTBALL CLINIC,
KENT STATE FIELD HOUSE, P.O. BOX 5190, KENT, OH 44242-0001.**