

Antioch Sequoits Softball Clinic

June 5 – June 8, 2017

June 19th-June 22nd if qualify for State

Grades 2-9 (9:30-11:00)

Registration:

Registration will be taken up to the day of the clinic. The cost is \$50.00 per person. This will include an Antioch Softball T-shirt and pizza/pop on the last day of camp. Anyone entering 2nd through 9th grade is welcome to attend. Camp will be held at McMillen Field (off of McMillen Road). Register by May 19th to receive T-shirt at camp.

Clinic Directors:

Anthony Rocco – ACHS Head Coach
Mike Gordy-Assistant
Alyssa Cook – Assistant
Jason White – Assistant
Antioch 2017 Sequoit Players

What to Bring:

Each player is required to bring a glove, sweatshirt or jacket, sweat pants (sliding pad), and a bat (optional). Dress for the weather.

Clinic Schedule:

Warm up and Introductions
Throwing Instructions/Drills
Hitting Instructions/Drills
Base-running Instructions/Drills
Pitching/Catching Instructions/Drills

Questions? Need More Information?

Contact Coach Rocco at anthony.rocco@chsd117.org

Antioch Community High School
1133 Main Street Antioch, IL 60002



NO REFUNDS AFTER START OF CAMP.

Softball Registration and Waiver (Clip and return with payment)
June 5-June 8 Grades 2 - 9 (9:30 a.m. - 11:00 a.m.) Possible play
at state June 19-June 22.

Name _____ Address _____

City/State _____ Zip Code _____

Phone # _____ Age _____ Height _____

T-Shirt Size (circle one) S M L XL XXL (Adult Sizes)

School _____ Grade _____ (As of 2013-2014)

Allergies _____ Asthma _____ Bee Sting _____

Medications _____

I hereby request you to accept the application for enrollment of _____
in the Antioch Sequoits Softball Camp during the dates set forth in this application. I hereby
release the District 117 Board of Education and its employees from all claims on account of
injuries, which may be sustained by my child, and I agree to indemnify the Board of Education
and its employees from any claim, which may hereafter be presented to my child as a result of
any injuries. If medical attention is required for injury or illness while in camp, I give permission
for such medical care.

Parent/Guardian Signature _____ Date _____

Make checks payable to: ACHS Softball

Mail to: Antioch Community High School
Attn: Anthony Rocco
1133 S. Main Street
Antioch, IL 60002

ABSOLUTELY NO REFUNDS ONCE CAMP STARTS