

Youth Softball Clinic

3rd-7th Grade

This program focuses on building fundamental skills in a safe environment while building the enjoyment of playing softball. Participants will rotate through various stations that focus on skills of the game. Skills include throwing, catching, fielding, hitting, and pitching.

Please bring your own hats and gloves. Cleats and bats are optional. This clinic will be instructed by the Mount Pleasant High School Softball Coach, Derek Coleman.



Registration: February 10–March 21
 Dates: Mondays, April 7-28
 Time: 3rd-5th 5:30-6:15 PM
 6th-7th 6:30-7:30 PM
 Location: East Lake Park: Softball Complex, Field 3
 Fee: \$20.00 Residents \$25.00 Non-residents
(cash or check)



Detach the bottom portion and return to the Parks & Recreation Department at 307 East Monroe, Mt. Pleasant, IA 52641 Phone: 319-385-1475 Email: mpparkandrec@gmail.com

SOFTBALL CLINIC 2025

Name: _____ Address: _____
 Phone: _____ Emergency Phone: _____ City/State/Zip: _____
 Age: _____ Gender: _____ Grade: _____ Mt. Pleasant City Resident: Yes No

Hold Harmless Agreement

Photo Policy of the Parks and Recreation Department on occasion, may photograph participants in programs or events. These photos may be used in publication, brochures, flyers, or video productions. With signing your name, you are allowing that permission. If you are against our policy please let the department know.

Whereas the City of Mount Pleasant, Iowa, acting through the Mount Pleasant Parks & Recreation Department, is conducting recreational activities for the benefit of the Mount Pleasant, Iowa area on the above program dates for the activity. We the undersigned, here in after referred to as the participants, and as said participant is under the age of 18, we the parents also do hereby covenant and agree to save the City of Mount Pleasant, Iowa and its employees free harmless from any and all claims, demands, damages causes of action or suits at law or in equity and attorney's fees related there to, at whatsoever kind or nature that may arise in the future, or at any time as a result of any damages done by said participants to any person, firm or corporation as result of said participants' activities sponsored by the City of Mount Pleasant, Iowa on the above program. Said claims, demands, damages, and causes of action include, but not limited to medical care, hospitalization, and personal liability claims brought by or against each individual.

Signature of Parent or Guardian _____ Date _____

Parent or Guardian's Email: _____