

We are excited to announce the 4th Annual CBNA Softball Clinic. The clinic is designed as “hands-on” instruction in order to give all young players a practical way to learn the skills necessary to be a successful softball player. With the hands-on instruction the clinic will also provide a structured environment where young girls will learn self-discipline and the concept of teamwork through the game of softball.

The players will work on the fundamentals of pitching, hitting, throwing and fielding.

Athletes Should Bring

Sneakers/Spikes

Glove, Bat, Helmet

Catchers Gear

Indoor/Outdoor Wear

Water

Camp Staff

Tonya Tyler

- Coach 16 Under ASA Hammerheads
- MVP Baseball/Softball Academy/Instructor

Corinne LeMauk

- Northeast Hurricanes U18
- ASA Hammerheads U16

Varsity Softball Team

- 2010 Class I State Champions
- 2009 Class I Runner-Ups
- 2008 Class I Runner-Ups
- 2007 Class I Semi-Finalists

Nicole LeMauk

- Player NH Tech Softball
- 4 Yr. Varsity Letter Winner CBNA Softball

2012 CBNA VARSITY SOFTBALL CLINIC



GRADES: 5th - 8th

March 10th & 17th

12:00 to 2:00 pm

Smith Hall

CLINIC DIRECTOR

Corinne Lemauk & Tonya Tyler

CLINIC REGISTRATION

Please return this portion and the waiver form with your payment

Coach Tenasco
907 1st NH Turnpike
Northwood, NH 03261

Name: _____

Address: _____

School: _____ Age: _____ Grade: _____ T-Shirt Size: _____

Parent (s): _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Personal & Liability Waiver

Waiver and Release: I, the undersigned, agree that my son or daughter is physically fit to participate in strenuous athletic activity, and waive Coe Brown Northwood Academy, the CBNA softball program, and its officers and employees of any and all responsibility for injury or illness. I hereby authorize the directors of the CBNA softball clinic to act for me according to their best judgment in any emergency requiring medical attention. I also understand that I am solely responsible for the payment of any such medical expenses and must provide camp with proof of medical and accident insurance.

Signature: _____

Name (print): _____

Date: _____

Insurance Carrier: _____

Policy Number: _____

Any other medical conditions:

Tuition: \$30.00 per player for both sessions.

Same Day Registration

Make payments to: CBNA Softball
Send your payment & completed registration to:

Coach Tenasco CBNA Softball
907 1st NH Turnpike
Northwood , NH 03261

More information or questions/contact:
Corinne LeMauk: clemauk55@yahoo.com

Coach Tenasco (603) 942-5531

Email: ttenasco@coebrown.org

Visit us online at:
Coebrownacademy.com & click on

