

# 2009 North Idaho College Christmas Hitting Clinic

9 a.m. to Noon *OR*  
1 to 4 p.m.  
Tuesday, December 22

**Ages 12-18**

Limited to 14 campers per session.  
North Idaho College Hitting Facility  
Walnut and 7th Street, Coeur d'Alene



*"This is a great opportunity for our local community to learn from one of the best D-II coaches in the nation. Coach Smith is one of the top hitting coaches and runs a dynamic clinic that allows everyone to improve their game."*

Don Don Williams,  
NIC Head Softball Coach



## Paige Smith

**Guest Clinician**

**Adelphi University Head Coach**

Coach Smith is going into her third season as the head coach of Adelphi with a record of 75-35. Under Smith's guidance the Adelphi Panthers set a new school record for wins in a season with 42 in 2007 and a #2 seed in the ECC Tournament in 2008. Smith's coaching experience includes serving as an assistant coach at St. John's University and North Idaho College, her alma mater. Smith helped the Cardinals capture back-to-back Scenic West Athletic Conference Best Fielding Team titles and was instrumental in NIC's run for a national title in 2006. Smith is the lead facilitator at several camps across the country and is known for her high-energy and passion for the game.

**\$35**  
per session

For additional information call the NIC Softball Office at (208) 769-7879

## DEC. 22, 2009 NIC HITTING CLINIC REGISTRATION FORM

Name \_\_\_\_\_ HS graduation year \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent's name \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Include \$35 registration fee and check the session you will attend:

**Session 1** 9 a.m. - Noon       **Session 2** 1 - 4 p.m.

Make checks payable to North Idaho College Softball (no shows are non-refundable)

Send check and registration form to:

North Idaho College  
Softball Office  
1000 West Garden Avenue  
Coeur d'Alene, ID 83814

1. I hereby recognize and assume that participation in this program may involve bodily and/or emotional injury to myself and/or my child and authorize North Idaho College program staff to act on my behalf in accordance with their best judgment in case of an emergency; I recognize that all other participating agencies are not held liable for any accident or injury while participating in the above program, and that in the event of injury to myself and/or my child, North Idaho College is not held responsible for reimbursement or medical expenses resulting from such accident or injury.

2. By signing this assumption of risks, liability release and refund policy statement, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to its terms. I furthermore authorize the director of the North Idaho College Hitting Clinic to act for me in accordance with their better judgment in case of an emergency (signature required for participation).

\_\_\_\_\_  
Signature of Parent or Legal Guardian