

# Linganore

## Program Features:

- Skill Instruction (Softball/Conditioning)
- Throwing/Catching Basics  
(Hitting, Bunting, Baserunning)  
(Infield/Outfield)
- Daily Games/Competitions/Scrimmages
- Team Building
- Award/Prize Recognition

## Safety Precautions:

- Athletic Trainer On-Site
- Directors (CPR, First Aid Certification)



*"Talent wins games but teamwork  
and intelligence wins  
championships."*

## Regional Championships

2007,2008,2012,2014,2015,2017,2019,2022,  
2023, 2024

## Conference Championships

2008,2014,2022, 2024

## State Championship

2022

# Lancers Softball

\*Sponsored by LHS Athletics Boosters\*

## Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_

(2025-26 School Year)

Health Concerns: \_\_\_\_\_

## T-Shirt Size Choices:

Youth Small, Youth Medium, Adult Small,  
Adult Medium, Adult Large, Adult XL

## Parent Information

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Need More Information? Contact:

Andrea Poffinberger-301-471-9315

# Clinic

Dates: **July 14h & 15th**

Times: 9:00am-1:00pm

Where: Softball Field/Gym  
(Weather Issues)

## **Current Girls Grades 1st-8th**

(Including Incoming 9th Graders)

Registration Fee **(Due June 19th)**  
**\$70-Per Camper**

(\$10 discount for additional siblings)  
Registration fee covers instruction,  
camp prizes and a t-shirt)

## All Athletes SHOULD BRING:

- Cleats, Sneakers, Glove, Bat, Helmet
- Water, Bag Lunch/Snack

## Clinic Staff

**Director-Coach Andrea Poffinberger**

Co-Director-Christina Moats

LHS Softball Athletes/Coaches  
(Depending on Availability)

# Linganore

## Authorization Statement

The registered softball athlete and I/We, parent/guardian, do hereby state that the registered athlete is physically fit to participate in any and all activities of the Lancer Softball Clinic. The registered softball athlete and I/We understand there will always be an inherent risk and /or injury associated with participation in any athletic activity and willingly assume all inherent risks and/or injuries during any activities of the softball clinic. The registered softball athlete and I/We give permission to the Linganore Softball staff for emergency first aid, and/or medical treatment to the registered athlete as approved by the camp staff incase of injury and/or illness while participating in the camp. The registered softball athlete and I/We, parents/ guardians, do hereby, in consideration of permitting the registered athlete to willingly participate in the Lancer Softball Clinic, for myself, my heirs, executors and administrators, waive and release all rights and claims that I/We may have against the Lancer Softball Clinic, it's staff, volunteers and /or Frederick County Public Schools for any and all injuries or losses sustained arising out of injuries or losses suffered by the said athlete while participating in the Lancer Softball Clinic.

# Lancers Softball

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This event is not sponsored or endorsed by the Board of Education of Frederick County, FCPS, the superintendent or Linganore High School. Proceeds from the clinic may be used to pay coaches. The Lancer Clinic is not a licensed daycare provider.

Please indicate your child's insurance information. All camp participants must have their own medical coverage.

**Insurance Carrier**

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**Policy Number**

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**Athlete Signature**

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**Parent/Guardian Signature**

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# Clinic

