

Iowa Softball Winter Clinics

Take your game to the next level at the 2011 University of Iowa Softball Winter Clinics. Open to every type of player in all grade levels, the Iowa Softball Coaching Staff wants to help you enhance your softball skills.

Please see list below for which clinic or clinics you may want to attend.

Pitching 1 (grades 4-12)

**Saturday January 15
9am-12pm**

Players will learn to perfect pitches including: fastball and change-up. Players will also gain hands-on instruction about the purpose and strategy of each pitch from current softball coaches and pitchers. Participants must provide their own catchers!

Pitching 2 (grades 6-12)

**Saturday January 15
1-4pm**

Players will learn different grips used to perfect pitches including: drop, rise, and curve. Players will also gain hands-on instruction about the purpose and strategy of each pitch from current softball coaches and pitchers. Participants must provide their own catchers!

Hitting 1 (grades 4-7)

**Sunday January 16
1-3pm**

Participants will learn the proper fundamentals and techniques used to increase both power and average. In addition to hitting, Iowa coaches and players will also teach various bunts including sacrifice, drag and suicide.

Hitting 2 (grades 8-12)

**Monday January 17
9am-12pm**

Participants will learn the proper fundamentals and techniques used to increase both power and average. In addition to hitting, Iowa coaches and players will also teach various bunts including sacrifice, drag and suicide.

Defensive Skills (grades 4-12)

**Sunday January 16
9am-12pm**

This is a clinic designed to cover mechanics, skills and dozens of drills to help improve play in the field. The campers will be divided based on grade and ability as well as infield and outfield so that everyone will get the most out of the clinic. There will be no pitching instruction during this clinic.

Little Hawks (grades K-3)

**Monday January 17
1:30-3:30pm**

This is a clinic for youngsters learning the basic fundamentals of softball. We will go over both offensive and defensive skills and build excitement for the game!!

Registration

Complete application form and mail form and payment to University of Iowa Softball. A confirmation packet will be sent by email to all registrants upon receipt of the completed application. Confirmation Packet will include directions to the bubble. Check in will begin 30 minutes prior to the start of each clinic.

What to Bring

Bat (if you have one), glove, and catchers gear if attending defensive clinic and/or you are catching for a pitcher and tennis shoes

What to Wear

Wear proper workout gear—sweatpants, sweatshirt, and any additional warm clothing may be needed. Be prepared for cool temperatures.

Refreshments

Water will be provided.

Facility

The University of Iowa Bubble is located on Evashevski Drive on the University of Iowa campus.

Per NCAA rules, all sport camps and clinics conducted by The University of Iowa are open to any and all entrants and enrollment is only limited based on age, grade level, gender, or number restrictions as specified by each camp.



University of Iowa

2011 IOWA SOFTBALL WINTER CLINICS



JANUARY 15, 16, 17

IOWA BUBBLE

IOWA SOFTBALL WINTER CLINIC REGISTRATION

Name _____

Address _____

City State Zip _____

E-mail Address _____

Parent/Guardian Phone (____) _____

Grad. Year _____ Grade _____ Position(s) _____

Check appropriate Clinic

_____ Pitching 1-January 15, 9am-12pm \$75

_____ Pitching 2-January 15, 1-4pm \$75

_____ Defense-January 16, 9am-12pm \$75

_____ Hitting 1-January 16, 1-3pm \$50

_____ Hitting 2-January 17, 9am-12pm \$75

_____ Little Hawks-January 17, 1:30-3:30pm \$50

_____ **TOTAL**

***Please subtract \$10 from your total if you will be attending 2 or more clinics.**

_____ **NEW TOTAL**

****There will be no exceptions on registration based on grade. You must register for a clinic that matches the correct grade.**

Make checks payable to: The University of Iowa

Confirmation of Registration will be sent by e-mail. Please be sure to print registration form legibly and to include e-mail address!

Return registration form, medical waiver and full payment to:

**Iowa Softball Clinic
221 Carver Hawkeye Arena
Iowa City, IA 52242**

Please direct all inquiries to:

**Stacey Johnson
319/335-9257
stacy-may@iowasoftball.com
or
Adrianna Baggetta
319-335-9962
adrianna-baggetta@iowasoftball.com**

EACH CAMP PARTICIPANT MUST HAVE THIS FORM COMPLETED

CAMPER _____

BIRTH DATE ____/____/____ SOCIAL SECURITY NUMBER ____/____/____

SPORT _____ SESSION DATE _____

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in the University of Iowa Sports Camp Program, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release the State of Iowa Board of Regents, State of Iowa and University of Iowa, their officers, employees, and agents, from any and all liability for personal injury or property damage that may result from program activities. The University of Iowa will only be responsible for personal injury or property damage which results from negligent acts or omissions of The University of Iowa employee's, agents or officers.

I hereby authorize and give my consent to the health authorities of The University of Iowa or any licensed health professional to perform upon or administer to

_____ any reasonable, necessary surgical or medical

Camper's/Student's Name
treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to The University of Iowa Student Health Service or The University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim.

This permission is good only while the student is attending the Sports Camp Program at The University of Iowa and only until the student has attained his/her eighteenth birthday.

I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance).

I hereby give my consent to use the likeness and/or name/identity of the above-named student for purposes of promotional materials or any other type of media produced and/or published by the University of Iowa to promote or publicize the University of Iowa or the University of Iowa Sports Camps Program.

X _____
Parent's/Guardian's Signature _____ Date _____

X _____
Student's Signature _____ Date _____

Name _____
Parent/Guardian (print/type) _____

Address _____

City _____ Insurance Company _____

State _____ Zip _____ Insurance Co. Address _____

Home Phone _____

Work Phone _____ Policy No. _____

Date _____ Policy Holder _____

