

Iowa Softball Winter Clinics 2009

The University of Iowa softball staff invites you to attend our winter softball clinics. Our clinics will be conducted by our coaching staff, guest coaches and players on the Hawkeye team. If you are interested or know somebody who might be, check out our offerings and be sure to get your registration in now. Space is limited. All registrations received will be acknowledged by e-mail. See you in January!

HIGH SCHOOL PLAYER CLINICS

The High School Player Clinics will be held on January 2-4, 2009. The clinics are for high school students in grades 8-12. There are 3 hitting clinics offered, one each day. They are the same clinic so you need only choose which day you would like to attend. Students need to come dressed ready to participate, bring their own gloves and bats (if necessary). Catchers should bring their own gear. The clinics take place in the Iowa Bubble (across from Kinnick Stadium). Space is limited. Registration deadline is December 19, 2008. Check-in will be 30 minutes prior to each clinic. Each clinic will be \$60 and will include an Iowa Softball tee shirt. Students attending multiple clinics will receive only 1 tee shirt.

Friday, January 2 & Saturday, January 3

High School Player Defensive Clinic

Defensive clinic will be from 9-12. The clinic will cover the fundamentals of defensive positions to include infield and outfield. Additional emphasis will include defensive coverages. The clinic is for players in 8-12 grade. The cost is \$60 per student.

High School Player Hitting Clinic

Hitting clinic will be from 1-4. The clinic will cover the basic fundamentals of hitting, slap hitting, and bunting. The clinic is for students in 8-12 grade. The cost is \$60 per student.

Sunday, January 4

High School Player Hitting Clinic

Hitting clinic will be from 9-12. The clinic will cover the basic fundamentals of hitting, slap hitting, and bunting. The clinic is for players in 8-12 grade. The cost is \$60 per student.

High School Player Pitching & Catching Clinic

Pitching and catching clinic will be held from 1-4. The clinic will cover basic fundamentals of pitching and catching to include pitch development, catching technique, and pitching and catching strategy. No parents or coaches will be permitted to serve as catchers. If your catcher does not attend, a catcher will be assigned to you at the clinic. All catchers must register and pay the clinic fee in order to participate. The clinic is for players in 8-12 grade. The cost is \$60 per student.

IOWA SOFTBALL YOUTH CLINIC - JANUARY 24

The Iowa Softball Youth Clinic will be held on January 24 from 1-4 in the Iowa Bubble. Girls and boys from 2nd to 7th grade are eligible. Instruction will include hitting, fielding, throwing, pitching, catching, base running and sliding. The cost is \$40 to include an Iowa Softball tee shirt. Space is limited and the first 150 registrations received will be accepted. Check-in will begin at noon. Be sure to wear tennis shoes, and bring your glove and bat (also bring catcher's gear if this applies).

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 of 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 _____

Cancellations: Written requests for refunds (less a non-refundable 50% fee) must include Social Security Number of person receiving refund and be sent to : Shane Bouman, 215 CHA, University of Iowa, Iowa City, IA 52242. Requests must be made prior to December 15 (for High School Clinics) and January 8 (for Youth Clinic). Refunds will not be given for no-shows or those who leave voluntarily.

IOWA SOFTBALL WINTER CLINICS REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Parent/Guardian _____ Phone () _____

Age _____ Grade _____ Position/s _____ or _____ or _____

T-Shirt Size (check one) ___ Youth Small ___ Youth Medium ___ Youth Large ___ Small ___ Medium ___ Large ___ XL

Check appropriate box/boxes

- | | | |
|--------------------------|---|------|
| <input type="checkbox"/> | High School Player Defensive Clinic—January 2: 9-12 noon | \$60 |
| <input type="checkbox"/> | High School Player Hitting Clinic—January 2: 1-4 pm | \$60 |
| <input type="checkbox"/> | High School Player Defensive Clinic—January 3: 9-12 noon | \$60 |
| <input type="checkbox"/> | High School Player Hitting Clinic—January 3: 1-4 pm | \$60 |
| <input type="checkbox"/> | High School Player Hitting Clinic—January 4: 9-12 noon | \$60 |
| <input type="checkbox"/> | High School Player Pitcher/Catcher Clinic—January 4: 1-4 pm | \$60 |
| <input type="checkbox"/> | Softball Youth Clinic—January 24: 1-4 pm | \$40 |

Make check payable to: **Iowa Softball Clinic**

Return registration form, medical waiver
and full payment to:

Iowa Softball Clinic

215 Carver Hawkeye Arena
Iowa City, IA 52242

Please direct all inquiries to:

Shane Bouman

319/335-9257

shane-bouman@iowasoftball.com

Confirmation of Registration will be sent by e-mail.