

# IOWA SOFTBALL

## Weekly Hitting Clinic

**\*Registration Deadline is March 30 (Postmarked by)**

**\*\*Registration after March 30 will incur a fee of \$10**

**Both Sessions are open to 8th through 12th grade:** Session I and Session II are identical. Both sessions are for high school softball players. This is not a clinic for beginners.

Campers will register for either Session I or Session II

**Session I:** \$150

5:15-6:45pm; April 9, 16, 23, 30

**Session II:** \$150

7:00-8:30pm; April 9, 16, 23, 30

### **Instructor:**

The clinic will be instructed by University of Iowa assistant softball coach, Stacy May-Johnson. Coach Johnson is a University of Iowa Alumni, 6 year veteran of the National Professional Fast Pitch League, and current member of the United States National team.

### **Clinic Content:**

The clinic will cover swing mechanics as well as short game techniques. Video analysis using Right View Pro will be used to analyze, critique, and improve swing fundamentals. Short portions of the clinic will be a classroom setting where athletes will learn from watching video in Right View Pro. Parents are encouraged to attend the clinic.

### **Inclement Weather:**

Monday May 7 will be used as a make-up if any of the 4 sessions is cancelled due to inclement weather.

### **Registration**

Registration will be accepted in the order it is received. There are only 8 spaces available for each session so be sure to get your registration in quickly as both sessions will likely fill very quickly.

Send fully completed form and payment in full to Iowa Softball Clinic, postmarked by **March 30, 2012**. A confirmation packet will be sent by email to all registrants upon receipt of the completed application.

### **Late Registration**

Late registration will incur a fee of \$10.

### **What to Bring**

Bat, helmet, batting gloves, tennis shoes, and spikes.

### **What to Wear**

Proper workout attire — shorts and sweatpants, t-shirt and sweatshirt, and any additional warm clothing which may be needed. Be prepared for cool temperatures.

### **Refreshments**

Water will be provided

### **Facility**

The University of Iowa Softball Field is located at the corner of 1st Ave and 2nd St in Iowa City.

Per NCAA rules, all sports 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.



# Iowa Softball 2012 Weekly High School Hitting Clinic



**Mon. April 9**

**Mon. April 16**

**Mon. April 23**

**Mon. April 30**

**Session I 5:15-6:45pm**

(Limited to 8 campers)

**Session II 7:00-8:30pm**

(Limited to 8 campers)

# Iowa Softball Winter Clinic Registration

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Parent/Guardian Phone Number: \_\_\_\_\_  
 Graduation Year: \_\_\_\_\_ Grade: \_\_\_\_\_

**Check the appropriate clinic:**

\_\_\_\_\_ Session I: \$150 (5:15-6:45pm; April 9, 16,23, 30)

\_\_\_\_\_ Session II: \$150 (7:00-8:30pm; April 9, 16, 23, 30)

\*\*\*If any of the 4 sessions are cancelled due to inclement weather, a make-up session will be held on Monday May 7.

\_\_\_\_\_ Total

**Registration will be accepted in the order it is received. There are only 8 spaces available per session to be sure to get your registration in quickly as both sessions will likely fill very quickly.**

Individuals with disabilities are encouraged to attend all University of Iowa sponsored events. If you are a person with a disability who requires and accommodation in order to participated in this program, please contact the Sports Camps Office in advance at 319-335-7961. 1303/9-09

**Return registration, medical waiver, and full payment postmarked by March 30 to:**

Iowa Softball Clinic  
 S349 Carver-Hawkeye Arena  
 Iowa City, IA 52242

**Please direct all inquiries to:**

Stacy May-Johnson  
 stacy-may@iowasoftball.com  
 319-335-9263  
 (email is highly preferred)



## Each Camp Participant Must Have This Form Completed

Camper: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

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 Stat 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 of property damage that may result from program activities. The University of Iowa will only be responsible form personal injury or property damage which results from negligent acts or omissions of the University of Iowa employees, agents or officers.

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

Camper/Student's Name: \_\_\_\_\_

any reasonable, necessary surgical or medical 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 phsycyological emergencies involving the psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

I agree to assume the 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 this 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 the student's attendance at this camp. (Each camper must provide his/her owns medical insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above named student for purpose 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Parent/Guardian): \_\_\_\_\_

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

City: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ins. Co. Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_ Policy Holder: \_\_\_\_\_