

Registration deadline is **January 6 at 11:59pm**

Registration received after January 6, including walk-ups will incur a fee of \$10 and they will not receive a camp T-shirt

Little Hawks (Grades K-3) \$25
Wednesday January 15, 5:30pm-7:30pm

Young campers will learn the fundamentals of softball and build excitement for the game!

Advanced Pitcher/Catcher (Grades 8-12) \$85*
Saturday January 18, 8:30am-Noon

Pitchers will learn the grips and principles of several pitches such as drop, rise, and curve. Pitchers must provide their own catchers!

Catchers will receive position specific instruction including receiving, blocking, and throw downs.

Advanced All-Skills (Grades 8-12) \$100*
Saturday January 19, 1:00pm-6:00pm

Advanced fundamentals of hitting/slapping, base running and short game as well as the fundamentals of defense and position specific defense will be taught. Pitching will not be covered, but catchers will receive position specific instruction.

Intermediate Pitcher/Catcher (Grades 4-7) \$60**
Sunday January 19, 9:30am-12:00pm

Pitchers will learn the fundamentals of pitching including the fastball and change-up. Pitchers must provide their own catcher!

Catchers will learn the basics of catching including receiving, blocking, and throw downs.

Intermediate All Skills (Grades 4-7) \$85**
Sunday January 19, 1:00pm-5:00pm

Fundamentals of defense and a limited amount of position work will be covered as well as the basics of hitting, base running, and short game. Pitching will not be covered, but catchers will receive position specific instruction.

***There is a \$30 discount for registering for both the Advanced Pitcher/Catcher camp and the Advanced All-Skills camp**

****There is a \$30 discount for registering for both the Intermediate Pitcher/Catcher camp and the Intermediate All-Skills camp**

Registration:

Registration will be accepted both online and by mail. You can register by mailing registration to Iowa Softball or by going to <http://lowasoftballcamps.com>

Campers must register for their age appropriate camp. There will be no exceptions to this per NCAA rules.

T-Shirts:

Each camper will receive a free T-Shirt!

Late Registration:

The registration deadline is January 6 at 11:59pm. Registration received after January 6, including walk-ups, will incur a fee of \$10 and they will not receive a camp T-shirt.

Required Release Form:

Each camper must fill out and bring the required release form to camp. Campers cannot participate without the required release form! You will receive a release form in your registration confirmation email.

Parking:

You will receive detailed parking instructions in your registration confirmation email. Please be sure to carefully read these instruction as there is construction being done in the area.

What to bring:

Bat, glove, helmet, batting gloves, turf shoes, catcher's gear, shorts, sweats, and a sweatshirt.

Refreshments:

Water will be provided.

2014

Iowa Softball Winter Clinics



January 15, 18, 19

Iowa Indoor Football Facility

825 Stadium Dr.
Iowa City, IA 52242

Camper Name: _____
 Parent Email: _____
 Parent Phone: _____
 Address: _____
 City, State, Zip: _____
 Grade: _____

_____ Little Hawks-\$25 (Grades K-3)
 _____ Advanced Pitcher/Catcher-\$85 (Grades 8-12)
 _____ Advanced All Skills-\$100 (Grades 8-12)
 _____ **Subtract \$30 if registered for both Advanced Camps**
 _____ Intermediate Pitcher/Catcher-\$65 (Grades 4-7)
 _____ Intermediate All Skills-\$80 (Grades 4-7)
 _____ **Subtract \$30 if registered for both Intermediate Camps**
 _____ Total

T-Shirt Size:

Youth M _____ Youth L _____
 Adult S _____ Adult M _____ Adult L _____ Adult XL _____

Primary Position:

1B _____ 2B _____ 3B _____ SS _____ OF _____ P _____ C _____

Secondary Position:

1B _____ 2B _____ 3B _____ SS _____ OF _____ P _____ C _____

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.

Individuals with disabilities are encouraged to attend all University of Iowa sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact Iowa Softball in advance at stacy-may@iowasoftball.com.

Each Camp Participant Must Have This Form Completed

Camper: _____ Birthdate: _____ / _____ / _____
 Sport: _____ Session Date: _____

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in The University of Iowa Sports Camps program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program; State of Iowa; and The University of Iowa, their employees, volunteers, or agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending The University of Iowa Sports Camp and during transportation to and from the Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omissions of The University of Iowa, its employees, volunteers, or agents in conjunction with this program.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical, emergency surgical, and non-emergency medical treatment that may be necessary in connection with the camper's participation in the University of Iowa Sports Camp Program. I understand that if medical treatment is necessary, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be solely responsible for any medical or other charges in connection with attendance at this Camp. Such charges include, but are not limited to, deductibles, co-pays, co-insurance, out of network, out of state restrictions and any and all costs not covered by health insurance. I authorize the disclosure of medical information to the insurance company listed below for the purpose of any claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above named camper 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.

 Parent/Guardian Signature Date Student Signature Date

Name (parent/guardian): _____ Insurance Company: _____
 Address: _____ Insurance Co. Address: _____
 City/State/Zip: _____
 Home Phone: _____ Policy Number: _____
 Work Phone: _____ Policy Holder: _____

Return registration to:
 Iowa Softball Clinic
 S349 Carver Hawkeye Arena
 Iowa City, IA 52242

Please direct all inquiries to:
 Stacy May-Johnson
 Stacy-may@iowasoftball.com