

Iowa Softball

Hitting Clinic

(7th grade through 12th grade)

Fall 2012 Hitting Clinic Schedule

Camp Dates (Campers will attend both sessions):

Wednesday October 17, 2012 5:30pm-7:30pm

Monday October 22, 2012 5:30pm-7:30pm

*Limited to 20 campers

Make-up day (in case of inclement weather):

Monday October 29, 2012 5:30pm-7:30pm

Instructors:

This clinic will be conducted by former Iowa Softball athletes and current assistant coaches, Stacy May-Johnson and Chelsey Carmody.

Stacy May-Johnson is a former Iowa athlete, 6 year veteran of the National Professional Fastpitch league, and 2 year veteran of the United States National Team. She is in her 3rd year as Iowa's offensive coach.

Chelsey Carmody is a former SS, hitter/slapper all conference selection for Iowa. She is in her 1st year as Iowa's volunteer assistant coach.

Clinic Content:

This clinic will cover swing mechanics and fundamentals as well as hitting approach and mentality.

Cost:

The cost of this clinic is \$100. This includes both sessions.

Inclement Weather:

If there is inclement weather you will be contacted by phone and/or email to notify you that a session has been cancelled. If either of the sessions are cancelled, a make-up day will be held on Monday October 29, 2012.

Registration:

Registration will be accepted in the order it is received. This clinic is limited to 20 campers so be sure to get your registration in promptly. The registration deadline is **October 12, 2012** (postmarked by). Registration is open to 7th grade through 12th grade. There will be no exceptions to this per NCAA rules.

Late Registration:

Late registration will incur a fee of \$10. The registration deadline is **October 12, 2012** (postmarked by).

What to Bring:

Bat, helmet, batting gloves, turfs or spikes.

Refreshments:

Water will be provided.

Facility:

The clinic will be held at the University of Iowa's Pearl Field. The stadium 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 Clinic Registration

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 prop- erty damage that may result from program activities. The University of Iowa will only be respon- sible for personal injury of property damage that may result from program activities. The Uni- versity 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 psychyological emergencies involving the psychological treatment, parental authorization for treatment beyond that respon- sive 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 insur- ance 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: _____
 State: _____ Zip: _____
 Ins. Company: _____
 Ins. Co.Address: _____
 Home Phone: _____
 Work Phone: _____
 Policy Number: _____
 Date: _____
 Policy Holder: _____

Name: _____
Address: _____

City,State,Zip: _____
Email Address: _____
Parent/Guardian Phone Number: _____
Graduation Year: _____
Grade: _____

***Please note that the phone number and email you provide will be used to contact you during the day if there are cancellations due to inclement weather.**

Check the appropriate boxes:
 _____ Hitting Clinic-\$100
 _____ Late Fee-\$10 (if postmarked after Oct. 12)
 _____ Total

*****If either of the two sessions are cancelled due to inclement weather, a make-up session will be held on Monday October, 29.**

Registration will be accepted in the order it is received.

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 Oct 12 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)