

IOWA SOFTBALL WINTER CLINICS

***Registration Deadline is Jan. 6**

****Registration after Jan. 6 (including walk ups) will incur a fee of \$10**

Little Hawks (Grades K-3) \$25

Fri. Jan. 13, 2011

5:30pm-7:30pm

A Clinic for kids to learn the basic fundamentals of softball. We will discuss both offensive and defensive skills and build excitement for the game!!

Advance Pitcher/Catcher Camp* (Grades 8-12) \$80

Sat. Jan. 14, 2011

5:00pm-8:30pm

Pitchers will learn how to perfect pitches including the rise, drop, and curve (screw and change-up will be added if time permits). Catchers will learn skills including receiving, blocking, throwing to bases, and more!

*All campers who sign up for both the Advanced Pitcher/Catcher Camp and the All Skills Advanced Camp will receive a \$30 discount.

All Skills Advanced (Grades 8-12) \$100 (Lunch Included)

Sun. Jan. 15, 2011

8:30am-2:00pm

Players will learn offensive and defensive skills including hitting, base running, short game, and position skill work. Pitching will NOT be covered, however pitcher fielding instruction will be offered. Catcher instruction and drills will cover catcher responsibilities within a team defense. The last portion of the camp will be a live controlled scrimmage with pitchers and catchers.

All Skills Intermediate (Grades 4-7) \$90 (Lunch Included)

Mon. Jan. 16, 2011 (National Holiday) 10:00am-2:00pm

Students will learn offensive and defensive skills including hitting, base running, short game, and position skill work. Pitcher fielding instruction will be covered. Catcher instruction and drills will cover catcher responsibilities within a team defense. Pitching (ie throwing pitches) and catching (ie catching pitchers) will be covered in the Intermediate Pitcher Add-On Camp.

Intermediate Pitcher/Catcher Add On* (Grades 4-7) \$10

Mon. Jan. 16, 2011 (National Holiday) 8:30am-10:00am

*This is an add-on to the All Skills Intermediate Camp. Intermediate pitchers/catchers MUST register for the All Skills Intermediate Camp in order to register for the Intermediate Pitcher/Catcher Add On.

Pitchers will learn to perfect pitches including fastball and change-up. Catchers will receive position skill instruction including receiving, blocking, and throwing.

T-Shirts

All Campers who register for one or more clinics will receive an Iowa Softball T-Shirt. Those who register for more than one clinic will only receive one T-Shirt. Additional items will be available for purchase during all clinics.

Registration

Send fully completed form and payment in full to Iowa Softball Clinic by **January 6, 2011**. A confirmation packet will be sent by email to all registrants upon receipt of the completed application. The confirmation packet will include directions to the bubble. Check in will begin 30 minutes prior to the start of each clinic.

Late Registration

Late registration (including walk-ups) will incur a fee of \$10.

What to Bring

Bat (if you have one), glove, catcher's gear, and tennis shoes.

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. No other food or drinks will be permitted in the bubble.

Facility

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

Parking

Please park in the Kinnick Stadium parking lot located about 100 yards to the south of the bubble entrance. **Please DO NOT park in the bubble parking lot located directly south of the Bubble.**

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.



2012 Iowa Softball Winter Clinics



January 13-16, 2012
Iowa Bubble
Iowa City, IA

Iowa Softball Winter Clinic Registration

Name: _____
 Address: _____
 City, State, Zip: _____
 Email Address: _____
 Parent/Guardian Phone Number: _____
 Graduation Year: _____ Grade: _____
 T-Shirt Size (All campers who register for one or more camps will receive a T-shirt):
 Adult: S _____ M _____ L _____ XL _____ Youth: M _____ L _____

Check the appropriate clinic(s) and mark the camper's position if applicable:

_____ **Little Hawks** (Grades K-3)-January 13 (5:30pm-7:30pm)-\$25

_____ **Advanced Pitching/Catching** (Grades 8-12)-January 14 (5:00pm-8:30pm)-\$80 Pitcher _____ Catcher _____

_____ **All Skills Advanced** (Grades 8-12)-January 15 (8:30am-2:00pm)-\$100 (Lunch Included) Position(s) _____

_____ **All Skills Intermediate** (Grades 4-7)-January 16 (10:00am-2:00pm)-\$90 (Lunch Included) Position(s) _____

_____ **Intermediate Pitcher/Catcher Add-On** (Grades 4-7)-Jan 16 (8:30am-10:00am)-\$10

*Pitchers and catchers will pitch from 8:30am to 10:00am then attend the rest of the All Skills Intermediate Camp. The last portion of the camp will be a controlled scrimmage where pitchers/catchers will throw to batters in live situations. Pitchers/catchers must sign up for the All Skills Intermediate Camp in order to do the Intermediate pitcher/catcher add-on.

Total

*Please subtract \$30 from your total if you will be attending both the Advanced Pitching/Catching Camp and the All Skills Advanced Camp.

Please add \$10 to your total if registering after **January 6, 2011

New Total (Make checks payable to: The University of Iowa)

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

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 phsychological 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: _____

Return registration, medical waiver, and full payment by Fri. Jan 6 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

