

Registration deadline is **June 11 at 11:59pm**

Registration received after June 11, including walk-ups will incur a fee of \$10.

Advanced Pitcher/Catcher* (Grades 8-12) \$55**
Sunday June 15, 9:00am-11:00am
Lunch Included

Pitchers will learn the grips and principles of several pitches. Pitchers must provide their own catcher (parents are welcome to catch for their daughters).

Catchers will receive position specific instruction including receiving, blocking, and throw downs. Catchers do not necessarily have to come with a pitcher.

Advanced All-Skills* (Grades 8-12) \$95**
Sunday June 15, 12:00pm-5:00pm

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 Add On (Grades 4-7) \$20**
Monday June 16, 9:30am-11:00am
Lunch Included

You must register for Intermediate All-Skills in order to attend the Intermediate Pitcher/Catcher Add On.

Pitchers will learn the fundamentals of pitching including the fastball and change-up. Pitchers must provide their own catcher (parents are welcome to catch for their daughters).

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

Intermediate All-Skills (Grades 4-7) \$80**
Monday June 16, 12:00pm-4:00pm

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 and catching will not be covered.

***There is a \$20 discount for those who register for both advanced camps**

****Please register based upon the grade completed in spring of 2014**

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.

Refunds:

Refunds will be provided upon request minus a \$15 security deposit.

T-Shirts:

Each camper will receive a free T-Shirt!

Late Registration:

The registration deadline is June 11 at 11:59pm. Registration received after June 11, including walk-ups, will incur a late fee of \$10.

Required Release Form:

Each camper must submit a liability waiver. You can either upload the form electronically on iowasoftballcamps.com or you can bring your waiver on the day of the camp.

In order to upload your liability waiver electronically, go to <http://lowasoftballcamps.com> and click on 'required release form' located near the top of the page. Follow the instructions to submit your required release form.

What to bring:

Bat, glove, helmet, batting gloves, cleats, catcher's gear, weather appropriate clothes, etc.

Refreshments:

Water will be provided.

2014

Iowa Softball Clinics



June 15 & June 16

**@ The University of Iowa's
Bob Pearl Softball Field**

Located at the corner of 1st Ave & 2nd St in
Iowa City

Camper Name: _____
 Parent Email: _____
 Parent Phone: _____
 Address: _____
 City, State, Zip: _____
 Grade (completed in spring '14): _____

_____ Advanced pitcher catcher \$55 (Grade 8-12) -Includes Lunch
 _____ Advanced all skills \$95 (Grade 8-12)
 _____ **Less \$20 (If registering for both advanced camps)**
 _____ Intermediate Pitcher/Catcher Add on \$20 -Includes Lunch
 _____ Intermediate All-Skills \$80 (Grade 4-7)
 _____ Late Fee \$10 (For registration post marked after 6/11)
 _____ **Total**

T-Shirt Size:
 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