

PARENTAL CONSENT

Please Print

Camper Name _____ D.O.B _____

Allergic Reactions _____

Past illnesses or other information that would be useful in the event of treatment if necessary:

Insurance Company _____

Policy Holder _____

IN CASE OF EMERGENCY:

Parent/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

In consideration of the acceptance of this application for enrollment in the 2012 Softball Clinic, I/we, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and all employees of the 2012 USD Softball Clinic for any or all damages which may be sustained and suffered by me in connection with my/our association with or entry into this camp, and which may arise out of my traveling to, participating in or returning from the camp. I/We hereby authorize the staff of the USD Softball Clinics to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release the USD Softball Clinics from any and all liability. I/We hereby grant permission for my/our child to participate in the USD Softball Clinics and if an injury should occur during, traveling to or returning from the camp, I/we agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

I declare that I am the father/mother/legal guardian (circle one) of the above named minor.

Parent/Guardian Signature _____

SEND APPLICATION WITH CAMP FEE TO:

USD Softball Clinics
DakotaDome
414 E Clark Street
Vermillion, SD 57069

USD Softball Clinics
DakotaDome
414 E. Clark Street
Vermillion, SD 57069-2390



CLINICS

The following clinics are being offered on 1-8 and/or 1/22. Price of the camp is for one clinic only.

JANUARY 8 & 22

PITCHING CLINIC (beginners/intermediate)

8:30-10:00

- 30 person max
- \$30 (t-shirt included in price)
- with softball coaching staff and players will cover the fundamentals of pitching a fast ball and change-up.
- must bring own catcher

HITTING CLINIC (beginners/intermediate)

10:15-11:45

- 30 person max
- \$30 (t-shirt included in price)
- will cover the fundamentals of hitting with softball coaching staff and players
- it is recommended that kids bring own bat and batting gloves

PITCHING CLINIC (advanced pitchers competing at travel ball level)

12:30-2:30

- 20 person max
- \$40 (t-shirt included in price)
- softball coaching staff and players will cover fundamentals of throwing moving pitches
- must bring own catcher

HITTING CLINIC (for advanced hitters competing at travel ball level)

2:45-4:45

- 20 person max
- \$40 (t-shirt included in price)
- softball coaching staff and players will cover fundamentals of hitting along with video hitting analysis on rightviewpro

JANUARY 15

CATCHING CLINIC (for all levels of catchers)

9:00-11:00

- 20 person max
- \$35 (t-shirt included in price)
- softball coaching staff and players will cover all fundamentals of catching including but not limited to: blocking, framing, throwing, calling pitches

INFIELD OR OUTFIELD CLINIC (for all levels)

11:15-1:15

- 20 person max per session (20 infield & 20 out)
- \$30 (t-shirt included in price)
- softball coaching staff and players will cover fundamentals of infield or outfield depending on which session you sign up for

JANUARY 29

SKILLS CLINIC (for all levels)

10:00-3:00

- 60 person max
- \$65 (lunch & t-shirt included in price)
- please include names of other clinic participants you would like to be grouped with
- Camp combines all skills of softball. Base running, hitting, fielding, throwing, and the mental game will be covered.



Each clinic will include educational hands on instruction with USD Softball players and coaching staff. Clinics will be structured around the needs of the attendees. Please pre-register to guarantee a spot. Feel free to contact Coach Amy Klyse with any questions at:

AMY.KLYSE@USD.EDU

OR CALL

605-677-6587

CLINIC APPLICATION

Please print and mark appropriate boxes

Camper's Name _____

Address _____

City _____ State ____ Zip _____

Email _____

Phone _____

Age ____ Years of Experience _____

Grade, Fall '10 ____ Wgt ____ Height _____

School _____

Summer Team _____

High School Team _____

CAMP T-SHIRT SIZE:

Small Medium Large XL XXL

PITCHING CLINICS:

- | | | |
|-------------------------------------|--------------|------|
| <input type="checkbox"/> January 8 | 8:30-10:00AM | \$30 |
| <input type="checkbox"/> January 8 | 12:30-2:30PM | \$40 |
| <input type="checkbox"/> January 22 | 8:30-10:00AM | \$30 |
| <input type="checkbox"/> January 22 | 12:30-2:30PM | \$40 |

HITTING CLINICS:

- | | | |
|-------------------------------------|---------------|------|
| <input type="checkbox"/> January 8 | 10:15-11:45AM | \$30 |
| <input type="checkbox"/> January 8 | 2:45-4:45PM | \$40 |
| <input type="checkbox"/> January 22 | 10:15-11:45AM | \$30 |
| <input type="checkbox"/> January 22 | 2:45AM-4:45PM | \$40 |

CATCHING CLINIC:

- | | | |
|-------------------------------------|--------------|------|
| <input type="checkbox"/> January 15 | 9:00-11:00AM | \$35 |
|-------------------------------------|--------------|------|

IN/OUTFIELD CLINIC:

- | | | |
|-------------------------------------|-----------------------------------|------|
| <input type="checkbox"/> January 15 | 11:15-1:15AM | \$30 |
| <input type="checkbox"/> Infield | <input type="checkbox"/> Outfield | |

SKILLS CLINIC:

- | | | |
|-------------------------------------|--------------|------|
| <input type="checkbox"/> January 29 | 10:00-3:00PM | \$65 |
|-------------------------------------|--------------|------|

I have enclosed: _____