

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:

Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

In consideration of the acceptance of this application for enrollment in the 2009 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 2009 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 Clinic to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the USD Softball Clinic from any and all liability. I/We hereby grant permission for my/our child to participate in the USD Softball Clinic 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's/Guardian Signature _____

Send application with camp fee to:
USD Softball Clinics
DakotaDome
414 E. Clark Street
Vermillion, SD 57069

I have enclosed:

Full Amount

Non-Profit Org.
U.S. Postage
PAID
Permit 14
Vermillion, SD

USD SOFTBALL CLINICS
DakotaDome
414 E. Clark Street
Vermillion, SD 57069-2390

2009 USD SOFTBALL SKILLS CLINICS





SOFTBALL SKILLS CLINIC DESCRIPTION

The skills clinic is a chance for a young athlete to get a variety of basic fundamental training and hands on instruction from USD Softball players. The clinic will begin with USD Softball players sharing their journey into their current positions on the field and how throughout the years they ended up at that position. Then each attendee will have a chance to work at six different stations including: infield fielding fundamentals, outfield fielding fundamentals, base running, hitting, an actual game on softball turf, and learning about the duties/roles of all 9 positions on the field.

CLINIC INFORMATION:

Date: Sun, February 22
Time: 10a.m. - 4p.m.
Price: \$60
Price Includes: Pizza and Pop lunch with the USD softball players/staff and a USD Softball water bottle

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



If you are a person with a disability and need a special accommodation to fully participate in any university activity or event, please contact Disability Services at 605-677-6389 as soon as possible, but no later than 48 hours before the event, so that appropriate arrangements may be made.

CLINICS APPLICATION

Please Print and Mark appropriate boxes

Camper's Name _____
Address _____
City _____ State _____ Zip _____
Grade, Fall '09 ____ Wgt _____ Height _____
School _____

SOFTBALL SKILLS CLINIC:

Date: Sun, February 22

Time: 10a.m. - 4p.m.

Price: \$60

Price Includes: Pizza and Pop lunch with the USD softball players/staff and a USD Softball water bottle

Limit of attendees: 60

*If you are signing with a team or group and would like the girls to be in the same group during the clinic, please list the names of the other attendees you would like to be with.

Limit per group is 10.

Names: _____

MAKE CHECKS PAYABLE TO USD SOFTBALL

