

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 Basketball Camp, 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 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'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 CLINICS



CLINICS

PITCHING

Limit per pitching clinic:

- Beginners (barely any previous fundamental knowledge or instruction) - 10
- Intermediate (know the basic fundamentals) - 10
- Advanced (ready to work or improve on moving pitches) – 6

- 1/3/09 8:00-10:00AM
- 1/3/09 10:15-12:15PM
- 1/10/09 12:15-2:15PM
- 1/10/09 2:30-4:30PM
- 2/14/09 8:00-10:00AM
- 2/14/09 10:00AM-12:00PM
- 2/15/09 8:00-10:00AM

CATCHING

Limit per catching clinic: 10

- 1/3/09 10:15-12:15PM
- 1/10/09 12:15-2:15PM

HITTING

Limit per hitting clinic: 24

- 1/4/09 8:00-10:00AM
- 1/4/09 10:15-12:15PM
- 2/15/09 10:00-12:00PM



For more information, or to reserve your spot at any of these USD Softball Clinics call: **605-677-6587**

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 _____

PITCHING CLINICS:

- 1/3/09 8:00-10:00AM
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CATCHING CLINICS:

- 1/3/09 10:15AM-12:15PM
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HITTING CLINICS:

- 1/4/09 8:00-10:00AM
- 1/4/09 10:15AM-12:15PM
- 2 /15/09 10:00AM-12:00PM

PRICING:

- 1 Clinic: \$40 (includes short sleeve USD Softball t-shirt)
- 2 Clinics: \$75 (includes short sleeve USD Softball t-shirt)
- 3 Clinics: \$105 (includes long sleeve & shortsleeve USD Softball t-shirt)
- 4 Clinics: \$130 (includes long sleeve & shortsleeve USD Softball t-shirt)
- 5 Clinics: \$155 (includes long sleeve & shortsleeve USD Softball t-shirt)
- 6 Clinics: \$175 (includes long sleeve & shortsleeve USD Softball t-shirt)

Camp T-Shirt Size:

- Small Medium Large XL XXL

MAKE CHECKS PAYABLE TO USD SOFTBALL