



# BASEBALL CAMP

Saturday, February 18, 2012

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

## ABOUT THE CAMP

Warm up with Baseball! Clarke's "Boys of Summer" will be hosting a baseball clinic for ages from 5-14. The clinic will be lead by the Clarke coaching staff and instruction will be lead by Clarke baseball players. The Clarke baseball team is coming off a very successful 2011 season as they finished tied for 2nd place in the MCC, setting a school record for most conference wins in a season. This year's team has been picked to finish 3rd in the MCC, their highest pre-season rating in program history. Come learn the exact drills and skills they use in practice every day!

## AGE REQUIREMENT

5-14 years old

## DATE

**SATURDAY, FEBRUARY 18, 2012**

Check In: 10:15 - 11 a.m.

Camp: 11 a.m. - 4 p.m.

## COST

Camp Fee (includes t-shirt): \$40

Please make checks payable to Clarke University Baseball

## CAMP LOCATION

Kehl Center, Clarke University Campus

## WHAT TO BRING (PLEASE HAVE NAME ON ALL EQUIPMENT)

- bat                    · batting gloves                    · glove
- tennis shoes as well as being outfitted in athletic attire

## ADDITIONAL INFORMATION

- Hot dogs, nachos and refreshments will be available for purchase.
- The camp will conclude with contests for hats, shirts and other prizes.
- Please ask Coach Harris about the "Little League Team of the Day" in which a youth team will be invited to a Clarke home baseball game. This youth team will be in uniform, allowed to hang out with the Crusaders before the game, and will be given an opportunity to take the field with the Crusaders as the starting line-ups are announced.
- To ensure a free t-shirt, return the registration form by Tuesday, February 14, 2012.
- Walk-ins are welcome. \$5 late registration fee.

## REGISTRATION

Complete the Camp Registration Form and mail along with your \$40 check (payable to Clarke University Baseball) to:

Clarke University Baseball Program  
1550 Clarke Drive  
Dubuque, IA 52001-3098

## QUESTIONS?

Please contact Chad Harris with any questions at (563)588-6601 or [chad.harris@clarke.edu](mailto:chad.harris@clarke.edu).

## REGISTRATION FORM

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

T-shirt Size: (circle one) Youth YS YM YL Adult AS AM AL AXL

## HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke University nor the Clarke University Baseball Clinic carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke University or the Baseball Clinic responsible for payment of medical expenses. As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Baseball Clinic activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke University Baseball Clinic against Clarke University and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned. In the event of an emergency, I authorize Clarke University Baseball Clinic officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Allergies: \_\_\_\_\_

Necessary Medical Information: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dubuque Doctor/Hospital Preference: \_\_\_\_\_

If Parent/Guardian is unavailable, in the event of emergency, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_



[www.clarkecrusaders.com](http://www.clarkecrusaders.com)

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