

CLARKE COLLEGE SOFTBALL SPRING ALL-SKILLS CLINIC OPEN TO GRADES 3-12

WHAT TO EXPECT

Instruction and leadership on the fundamentals of softball:

- Athletes will be grouped according to grade & skill level
- Basic defensive skills and position work
- Baserunning
- Hitting and bunting

CLINIC DATE

SATURDAY, APRIL 17, 2010
1-4:30 p.m.

COST

Camp Fee \$50
Fee includes Clarke Softball t-shirt.
Please make checks payable to Clarke College Softball.

CAMP LOCATION

Veterans Memorial Park

ADDITIONAL INFORMATION

For additional information, please contact Liz Garthright at (563)588-6619 or liz.garthright@clarke.edu

REGISTER TODAY!

Registrations will be taken up to the day of the clinic. To ensure that your child has a t-shirt for the clinic, registration and payment must be received by

Friday, April 9, 2010

Complete the Camp Registration Form and mail along with your \$50 check (payable to Clarke College Softball) to:

Liz Garthright
Head Softball Coach
Clarke College
1550 Clarke Drive
Dubuque, IA 52001



www.clarkecrusaders.com

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

SPRING ALL-SKILLS CLINIC 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 College nor the Clarke College Softball 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 College or the Softball 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 Softball 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 College Softball Clinic against Clarke College 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 College Softball 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: _____
Birthdate: _____ / _____ / _____
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: _____

Notice: Distribution of this flyer doesn't constitute an endorsement by the Dubuque Community Schools. Printing cost paid for by sponsoring organization.