

A large graphic of a softball, oriented vertically, with green stitching on a white background. The text is centered within the graphic.

STETSON SOFTBALL PRESENTS:

WINTER HITTING

CLINIC

January 19, 2013

\$50 | 10am-1pm

Patricia Wilson Field



RSVP: fastpitchacademy@stetson.edu

Winter Hitting Clinic Registration Form

Name: _____

Nickname (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Birthday: _____

Graduation Year (High School): _____

School: _____

Email Address: _____

Positions: _____

Hits: _____

Throws: _____



Please bring this packet completed to check-in at 9:30am

Patricia Wilson Field
Stetson University Softball Complex
403 East Arizona Avenue
DeLand, Florida 32723

Clinic reservations are solely on a first-come, first-serve basis. In order to reserve a spot, please email fastpitchacademy@stetson.edu with the aforementioned information. The Stetson Softball Winter Hitting Clinic is open to any and all entrants, limited only by: number, age, grade level and/or gender.

**Stetson Sports Camp
Permission, Risk Acknowledgement & Liability Waiver**

Dear Parent/Guardian and Participant: Please read the following carefully, and complete accordingly. (Note, if 18 or older, participant may complete and sign)

This is to certify that the undersigned: _____, (“participant”)
(Participant’s Name - please print)

age _____, born _____/_____/_____, has my permission, and is voluntarily attending the
_____ Sports Camp (“camp”) at Stetson University and participating
in related activities which may include overnight stay, pool use, and automobile transportation.

Dates of Sports Camp: _____.

Risk Acknowledgement/ Camp Conduct:

I am aware that this sports camp; and the physical activities, flexibility, and aerobic exercise associated with it, place unusual demands on the body. Due to the nature of sports programs, I understand that participation in these activities could involve risk of physical injury, and despite safety precautions, the university cannot guarantee that a camper will not be injured, as all risks cannot be prevented. Risks include but are not limited to: slips/trips/falls; impact or collision with other players, structures or sports equipment/balls; exposure to outside environment; weather conditions; overnight stay in unfamiliar surroundings; pool use and slippery areas; chlorinated water; uneven surfaces; etc. Risks could include injuries such as, but not limited to: strains/sprains, fractures, bruises, cuts/scrapes, punctures; concussion; loss of consciousness; exhaustion; heat stroke; eye injuries; spinal injuries; neck, face and head injuries; heart attack; sickness; and/or death. I acknowledge that participant is physically capable to participate in this sports camp and related activities. I also acknowledge that participant understands the importance of following rules and regulations to minimize risks, and agrees to obey all rules and instructions given by camp coaches and supervisors. Failure to comply could result in dismissal of participant from program. I also understand that I may be held responsible for any property damage costs due to the misconduct of above participant.

Medical Coverage & Emergency Treatment Release

I acknowledge that it is my responsibility to provide medical coverage, and/or provide any payments for medical costs that may arise as a result of injuries related to camp activities, including those costs that may exceed or be excluded from any applicable university accident insurance policy, which is a secondary policy. I hereby consent and give my permission that the participant may be treated for emergency medical care and first aid by a medical facility and/or camp personnel at their discretion, and release them from liability for such decisions. I certify that I have completed the medical information form as well.

Liability Release:

Furthermore, in consideration of the opportunity to participate in described activities, with full knowledge and appreciation of the risks involved, and full understanding of the above issues/conditions, I hereby release and hold harmless Stetson University, Inc., its faculty, staff, coaches, officers, trustees, representatives, chaperones and agents from all responsibilities, claims, or demands of any nature, including injuries, damages or property loss resulting from said participation in the Stetson University Sports Camp program.

Signature of Parent/Guardian or Participant

Printed Name of Parent/Guardian or Participant

Date

Phone Contact(s) of Parent or Guardian

Witness Signature

Printed Name of Witness

Name(s) of those approved to pick up participant from camp: _____

STETSON SPORTS CAMPS
EMERGENCY MEDICAL INFO AND TREATMENT PERMISSION/LIABILITY RELEASE FORM

*** This form must be Notarized***

NAME OF CHILD/CAMPER: _____

SPORTS CAMP NAME: _____

AGE OF CHILD/CAMPER: _____ DATE OF BIRTH: _____

EMERGENCY MEDICAL INFORMATION:

On the lines below, please advise if there is any medical information that is important to know in relation to the camper's health and safety in regards to playing sports, physical activities, or outdoor play. - This information will be kept confidential and is to be used for emergency purposes only:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION, PAYMENT, AND RELEASE:

Volusia County and surrounding medical facilities and counties now require medical treatment authorization by parent or legal guardian before providing full medical care beyond basic emergency treatment and stabilization. Therefore, in case of emergency, if you would like emergency staff and attending physicians to proceed with administering full emergency medical care and treatment in event you (the parent/legal guardian) cannot be reached, please sign, date and notarize the following authorization statement:

Parent/Legal Guardian Statement:

In case of emergency and I cannot be reached, I authorize Stetson University and its staff, assistants and representatives, at their discretion, to obtain emergency medical care for my child/camper, and I release them from liability and payment responsibility for such decisions.

In addition, I authorize hospital staff, EMT's, emergency medical staff, attending physicians and specialists to act according to their best judgment in administering medical attention and treatment to my child listed above, and I agree to be responsible for paying all related medical costs and expenses.

I hereby attest that I am the parent and/or legal guardian of stated child/camper above, and have the authorization to sign this document and release.

Name of Parent or Legal Guardian: _____

(Please Print)

Signature of Parent or Legal Guardian: _____

Date: _____

Emergency Contact Phone #'s: _____

Sworn to me and subscribed before me this _____ Day of _____ 20____, by: _____: Notary Public, State of Florida.

Personally Known: _____ Produced Identification: _____

Notary SEAL: