

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:

Parent/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

In consideration of the acceptance of this application for enrollment in the 2017 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 2017 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/Guardian Signature _____

SEND APPLICATION WITH CLINIC FEE TO:

USD Softball Clinics
DakotaDome
414 E Clark Street
Vermillion, SD 57069

USD Softball Clinics

DakotaDome

414 E. Clark Street



**2017 USD
Pitching/Catching
Clinic**



CLINIC INFO

January 7th
12:00 P.M. – 3:00 P.M.

Location: Dakota Dome

Cost of the clinic is \$100.00

Clinic is open to ages K-12

Participants will get the opportunity to work closely with the USD pitching coach Don Bates as well as former Arizona State University Catcher, Katee Aguirre. The entire USD staff will be present to assist and work with campers of all ages.

****Coyote Clinics are open to any and all entrants, regardless of abilities, limited only by camp numbers, age, or gender.**



Each camp 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 Annie Lockwood with any questions at:

Annie.Lockwood@usd.edu

Or call:

605-658-5580

If you are a person with a disability and need an accommodation to participate, please contact Disability Services at 605-677-6389 as soon as possible, but at least 48 hours before the event.

CHECK US OUT AT
GOYOTES.COM

OR FOLLOW US ON TWITTER
@SDCOYOTESB

CLINIC APPLICATION

Please print and mark appropriate boxes

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Age _____ Years of Experience _____

Grade _____ Wgt _____ Height _____

School _____

Summer Team _____

High School Team _____

USD PITCHING/CATCHING CLINIC..... \$100.00

I have enclosed: _____

Full Amount

MAKE CHECKS PAYABLE TO: USD
SOFTBALL

REGISTRATION ALSO AVAILABLE AT:
<http://softball.goyotescamps.com>