



# Colorado State University



# SOFTBALL CLINIC

Place a check in all applicable boxes.

Instructors:  
Colorado State University Coaching Staff &  
The Colorado State Softball Team Members

**Medical Waiver Form:** In order for a student to participate in camp, we must have this form by the first day of camp.  
**Release and Medical Authorization:** In order for students to participate in camp activities a parent or guardian must sign this release and medical authorization.  
**Release and Liability:** In consideration of the Colorado State Camp of Colorado State University granting the student permission to participate in the Softball Camp, I hereby assume all risks of her personal injury that may result from Softball Camp activity. As parent/guardian, I do hereby release Colorado State University, the Colorado State University Softball Camp, and their officers, employees, and agents and all instructors and all participants in said Softball Camp program from liability, including claims and suits at law or inequity, for injury which may result from student taking part in Softball Camp activities.  
**Medical Authorization:** I hereby authorize and give, my consent to the health authorities of Colorado State University and Colorado State Softball or any licensed physician or athletic trainer to perform upon or administer any reasonable, necessary medical treatment to: (Camper's name) \_\_\_\_\_. I agree to assume all cost related to such treatment. I understand that I will be responsible to any medical or other charges in connection with student's attendance to this camp.

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

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

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

All pitchers must have a catcher that is separate from the catching camp.  
 All catchers must bring their own gear (Volunteer catchers must fill out a waiver)  
 All players attending the Hitting & Defensive camp **must** bring a helmet.  
 Please check in 30 minutes prior to camp. **NO WALK-UPS**  
**Water only...NO FOOD OR DRINK INSIDE INDOOR PRACTICE FACILITY**  
**Non-marking tennis shoes only! NO CLEATS**

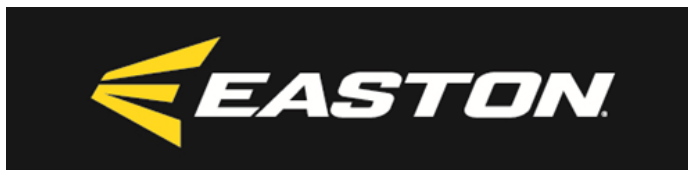
**Who:** 14 & Older Players   
**What:** Pitching or Catching Camp (Circle one)  
**Date:** Saturday January 21 & Sunday January 22, 2012  
**Time:** 9:00 – 10:30 am  
**Location:** Colorado State University (Indoor Practice Facility)  
 East of Moby Arena on campus at CSU  
**Cost:** \$50 (includes t-shirt)  
 \*Session limited to first 40 P's & 40 C's...payment required to hold spot.

**Who:** 14 & Older Players   
**What:** Hitting & Defensive Camp  
**Date:** Saturday January 21 & Sunday January 22, 2012  
**Time:** 11:00am – 12:30 pm  
**Location:** Colorado State University (Indoor Practice Facility)  
 East of Moby Arena on campus at CSU  
**Cost:** \$50 (includes t-shirt)  
 \*Session limited to first 80 campers...payment required to hold spot.

**Who:** 13 & Under Players   
**What:** Pitching or Catching Camp (Circle one)  
**Date:** Saturday January 28 & Sunday January 29, 2012  
**Time:** 9:00 – 10:30 am  
**Location:** Colorado State University (Indoor Practice Facility)  
 East of Moby Arena on campus at CSU  
**Cost:** \$50 (includes t-shirt)  
 \*Session limited to first 40 P's & 40 C's...payment required to hold spot.

**Who:** 13 & Under Players   
**What:** Hitting & Defensive Camp  
**Date:** Saturday January 28 & Sunday January 29, 2012  
**Time:** 11:00am – 12:30 pm  
**Location:** Colorado State University (Indoor Practice Facility)  
 East of Moby Arena on campus at CSU  
**Cost:** \$50 (includes t-shirt)  
 \*Session limited to first 80 campers...payment required to hold spot.

**Questions/RSVP Contact:** Dolores Price  
[dolores.price@colostate.edu](mailto:dolores.price@colostate.edu) Fax: 970.491.7725



Please fill out completely and return to: Colorado State University Softball, Campus Box 0120, Fort Collins, CO 80523-0120 or fax or email

Make checks payable to Colorado State University Softball. You may also register and/or pay the day of the clinic. PLEASE WRITE LEGIBLY!

Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ Age & Grad Year: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Summer Team: \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ In Case of Emergency: \_\_\_\_\_

Shirt size:      Adult S      Adult M      Adult L      Adult XL