

KARA AMUNDSON'S SOFTBALL CAMPS 2018 HITTING & PITCHING CLINICS

Grades: 7th-12th

Fee: \$ 75 per Hitting session / \$50 per Pitching session

Location: Murray State Softball Field

(Across from Stewart Football Stadium)

Please note, all sessions must be reserved in advance!

**Registration for all clinics is limited by age and number of participants.*

Assistant Coach, ASHLEY GILLAND will be instructing the 2018 Hitting Clinics:

September 19 & 24 @ 4:30 PM

October 9 & 23 @ 5:15 PM

November 27 & 29 @ 4:30 PM

December 5, 10, & 12 @ 4:30 PM

Assistant Coach, LAURA WINTER will be instructing the 2018 Pitching Clinics

September 19 & 24 @ 4:30 PM / 5:15 PM

October 9 & 23 @ 5:15 PM

November 27 & 29 @ 4:30 PM / 5:15 PM

December 5, 10, & 12 @ 4:30 PM / 5:15 PM

Registration Information

Spaces are limited for each session.

All participants must be registered by email or fax.

Be sure to register & send parental consent form to:

Email: Agilland@murraystate.edu or

Fax number: 270-809-6812

Payments

All payments will be due at the end of each session. Checks will be the only form of payment accepted. Checks will be made out to: Kara Amundson's Camps

ADDITIONAL INFORMATION

If inclement weather occurs, efforts will be made to reschedule sessions.

Pitchers must provide their own catcher, bring cleats & tennis shoes

Hitters must bring tennis shoes, bat, helmet, and a **positive attitude!**

FOR ADDITIONAL INFORMATION CALL: (270)809-6629

HITTING/PITCHING REGISTRATION FORM

Participant Name _____ Age _____ DOB _____ GRAD YEAR _____

Address _____

City /State /Zip _____

Parent/Guardian Name _____ Primary Phone _____

EMAIL ADDRESS (print) _____ HIGH SCHOOL _____

HITTING SESSIONS: PLEASE CIRCLE WHICH SESSION YOU WILL ATTEND:

Wednesday, Sept. 19
4:30 PM

Tuesday, Nov. 27
4:30 PM

Monday, Sept. 24
4:30 PM

Thursday, Nov. 29
4:30 PM

Tuesday, Oct. 9
5:15 PM

Wednesday, Dec. 5
4:30 PM

Tuesday, Oct. 23
5:15 PM

Monday, Dec. 10
4:30 PM

Wednesday, Dec. 12
4:30 PM

PITCHING SESSIONS: PLEASE CIRCLE WHICH TIMES & DATES YOU WILL ATTEND:

Wednesday, Sept. 19
4:30 PM 5:15 PM

Tuesday, Nov. 27
4:30 PM 5:15 PM

Monday, Sept. 24
4:30 PM 5:15 PM

Thursday, Nov. 29
4:30 PM 5:15 PM

Tuesday, Oct. 9
5:15 PM

Wednesday, Dec. 5
4:30 PM 5:15 PM

Tuesday, Oct. 23
5:15 PM

Monday, Dec. 10
4:30 PM 5:15 PM

Wednesday, Dec. 12
4:30 PM 5:15 PM



Murray State University CAMPER CONSENT AND RELEASE FORM

This completed form MUST be signed by a parent or guardian and turned in at the registration table at camp check-in. DO NOT mail this form in. No camper will be able to complete the check-in process without this completed and signed form.

Section A: Emergency Contact Information

Camper's Name: _____ Camp Attending: _____

Parent/Guardian: _____

Daytime Phone: _____ Evening Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Insurance Provider: _____ Name on Policy: _____

Policy/Group No.: _____

Alternative Contact (In the event of an emergency and parents can't be reached):

Name: _____ Relationship to Camper: _____

Phone Number: _____

Section B: Medical Information and Treatment

The camp has directors and staff on duty at camp 24 hours a day to assist participants in any possible way. These individuals make arrangements for treatment of any illness or accident that might occur during the course of the camp. Should a camper become ill or injured it should be reported to camp staff immediately. In the case of a more serious illness or accident, the parent or guardian will be contacted as soon as possible. If the situation warrants immediate attention, the camper will be taken to the Murray-Calloway County Hospital. So that we can provide our participants with the best possible service, we require that each participant complete the medical information below. All Summer Youth Programs are covered by a group accident insurance policy. This release form must be signed (at the end of this document) by a parent or guardian and submitted at check-in.

I do hereby grant permission for my son/daughter/ward to attend the above-named program and certify, to the best of my knowledge and belief, that he/she is physically able of participating in the program and recreational activities of the camp subject to the special medical restrictions as listed below. I acknowledge and understand and agree that in participation in this program there is a possibility of physical illness or injury and that my son/daughter/ward is assuming the risk of such illness or injury by his/her participation. In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness. I hereby authorize the program staff to obtain medical treatment for him/her for such injury of illness during the program, and I release Murray State University, its officers, agents, and employees from responsibility for any injury which my son/daughter/ward may sustain arising out of participation in this program.



Please complete the following Medical Information:

Special Medical Restrictions: _____

Medications to which participant is allergic: _____

Medications which the participant is currently taking. Include dosages and how often the child takes it:

Does your child need assistance administering their medicine? If so please provide instructions:

Known Food Allergies: _____

Other conditions (medical or behavioral) that camp staff should be aware of:

Section C: Rules, Restrictions and Conduct

Possession or usage of alcoholic beverages, illegal drugs and firearms/weapons are forbidden and not permitted on campus or anywhere off campus during camp. Smoking is not permitted in any MSU building. Male/Female visitation in the residence halls may take place only in the designated public areas. Personal vehicles must be parked in specified lots and should not be used during camp. Car keys will be collected by camp staff and returned to the owner on the last day of camp. No camper may leave the MSU campus without written permission from parent or guardian and knowledge and consent by the Camp Director. Campers are expected to be on their best behavior and to behave respectfully and follow all camp and residential hall rules. Conduct which disturbs others will not be tolerated. Just as it is illegal anywhere else, behavior such as tampering with vending machines or telephones, stealing, improper use of fire alarms or wanton damage to facilities is strictly prohibited.

I understand that I may be held financially responsible for any needed repairs resulting from damage that my son/daughter/ward may cause. I understand that by the discretion of the Summer Youth Programs Director and Camp Staff, my son/daughter/ward may be dismissed and sent home at my expense for improper or dangerous conduct, and/or violating camp rules. Furthermore, I release Murray State University and its agents and staff of any liability caused to my son/daughter/ward due to his/her conduct or behavior.

Section D: Statement of Fire Suppression Systems—Resident Campers Only

All residence halls being used during Murray State University's Summer Youth Programs have been equipped with automatic fire suppression systems (sprinklers). By my signature below, I hereby verify that I have been informed and understand that the residence halls being used during Murray State University's Summer Youth Programs are equipped with automatic fire suppression systems.

Section E: Photo and Image Consent

Periodically, camp and university staff may document camp with digital and film photography and/or video. I understand and give permission for my son/daughter/ward's image may be taken, included, and published on the World Wide Web and/or printed marketing materials for the purpose of camp or university promotion.



Section F: Internet and Computer Lab Usage

On occasion, some MSU camps may use the internet for research and communication. Time spent in computer labs will be supervised by camp staff. I give my permission for my son/daughter/ward to have supervised computer lab time, if this curriculum is scheduled for their particular camp.

Section G: Transportation and Field Trips

MSU's Summer Youth Programs occasionally uses University buses, vans, cars, contracted school buses, and/or charter buses to transport participants to camp related activities both on and off campus. Campers are not to use or ride in personal/private vehicles while attending camp. Residential campers who drive themselves to camp must park their vehicle in designated areas and must display proper MSU vehicle registration (issued at check-in). Car keys will be collected by camp staff upon check-in and returned to the owner on the last day of camp. Day (commuter) campers may transport themselves to and from camp daily however MSU is not responsible for any injuries or liabilities caused by this action. Commuters must park vehicles in designated areas and display proper MSU vehicle registration (issued at check-in). I authorize camp staff to transport my son/daughter/ward for camp related activities. I understand that my son/daughter/ward is not to ride in or use a personal/private vehicle while attending camp. Furthermore, I release MSU, its agents and staff from all injuries or liabilities my son/daughter/ward may sustain from camp approved transportation and understand that MSU will not be held liable for injuries or liabilities my son/daughter/ward sustains from failure to follow camp rules.

By my signature below I declare that I have read and understood each section of the MSU Summer Youth Programs Camper Consent and Release Form

Parent/Guardian Signature

Date

Camper's Signature

Date

MSU Representative Signature
(signed at Check-in)

Date

Any questions pertaining to this form should be directed to Murray State University's Office on Non-Credit and Youth Programs: (270) 809-3659; 1-800-669-7654; or the Athletic Compliance Office: (270) 809-6016.