

Indiana University Softball

18U & 16U Team Camp

Saturday November 13th and
Sunday November 14th, 2010

The Indiana Softball Program announces our November 2010 Team Camp. The Team Camp is established to enable teams to work together on fundamental skills in a camp setting as well as put those skills into game situations. Our state of the art Mellencamp Pavilion features 100,000 square feet of playing surface. The Pavilion's ceiling height accommodates for live hitting as it stands 68 feet tall.

Camp Session

We will hold a 2 hour camp session each day. Each team will participate in the camp during one day of the two day camp for 2 hours. The camp will consist of fundamental hitting on tee, front toss in the cages, live hitting on the field, defensive fundamentals, defensive repetitions, defensive situations and pitching fundamentals.

Questions and Answers Session

These sessions will be held throughout the two day camp. The sessions are open to coaches and parents of the participants. Head Coach Michelle Gardner will be open to discussion on such topics as academic requirements for college, softball skills and softball specific training. To schedule contact Christy Hebert, cjhebert@indiana.edu

Cost

The cost per team is \$600- this cost includes:

- 1.) 2 Hour Camp Session for players
- 2.) Question and Answer Sessions for coaches, parents, and players
- 3.) Coaching and Instruction for each team provided by current IU players and
- 4.) 2 day, 4 game guarantee (1 hour 10 Minute drop dead game times)

Registrations and Fees- (Deadline is November 1st)

Registration is limited and teams will be allowed to enter on a first come first serve basis. This camp is open to any and all entrants ages 18 & Under. Spots are reserved upon submission of payment. Please e-mail Christy Hebert at cjhebert@indiana.edu. Check in for the 2010 IU Softball Team Camp will be held in the lobby of Mellencamp Pavilion. We must receive the Waiver of Liability, Registration Form and money before the athletes can participate in the Team Camp. You will receive an e-mail confirmation in regards to your registration as well as the game schedule.

Equipment

Each team must bring their own balls for warm ups. Cages and front toss screens will be provided. Please bring bats, glove, tennis shoes, molded cleats, helmet, and batting gloves. **IMPORTANT!** All players will wear helmet during team play!

Clinicians

IU Coaching staff: Head Coach Michelle Gardner, assistant Coaches Amanda Rivera, and Christy Hebert. IU Softball players will provide skill instruction and help coach the teams that are competing in the team camp.

Register Now!

Team Camp \$600

First come first serve basis

Spot is reserved upon submission of payment

Registration Form

(Please attach supplied roster form filled out with info requested)

Team Name _____

Coaches Name _____

Address _____

City _____ State _____ Zip _____

Coaches Email _____

Payment

Amount Enclosed _____

(Make checks payable to: IU Softball Camps and Clinics)

Return To:

IU Softball Camps/Clinics

Christy Hebert

Assembly Hall

1001 E. 17th Street

Bloomington, IN 47408-1590

Parent Consent Form

To enable the Health Center of Indiana University and/or other health facilities in Bloomington to provide prompt care to your minor, we must have a completed consent form on file each year. This way, we can help your child without delay in an emergency.

(Please print or type)

Name of Minor _____

Birthday (MM/DD/YY) _____

Insurance Company (Do not omit this information) _____

Policy # or Group # _____

Social Security # (If used by insurance company) _____

MEDICAL INFORMATION

Allergic Reactions _____

Medication Presently Taking _____

Date of Last Tetanus Toxoid (Do not omit this information) _____

Past illness or other info that would be useful in the event treatment is necessary

EMERGENCY NUMBERS

Father—Home _____

Mother—Home _____

Father—Work _____

Mother—Work _____

Cell # that may be needed _____

A phone number to call in case parents cannot be reached

Name _____

Phone _____

Please Check One of the Following Options and Sign

____ I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission of evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examination and anesthesia to be rendered to said minor by a licensed physician, nurse)

____ I authorize limited care as follows:

Full name of

Father _____

Mother _____

I, _____ declare that I am the Father/Mother/Guardian of the above named minor (circle correct title)

Signature of Parent/Guardian _____ Date _____