

2010 FUTURES CAMP REGISTRATION

Name _____
Address _____
City _____
State _____ ZIP _____
Phone (____) _____
Grade (Fall 2009) _____ Age _____
Date of Birth _____
T-Shirt Size: S ___ M ___ L ___ XL ___

Please supply an email address so further information and the confirmation letter can be emailed to you.

Email _____
(Your email address will be used for UNI Sports Camp use only.
This will not be given to anyone else.)

Primary Position: _____

Secondary Position: _____

High School: _____

*If your primary position is pitcher, and you do not want to be evaluated as a position player, your registration time is noon. All pitching evaluation will be done in the afternoon.

Payment information

___ Check payable to UNI Sports Camps

When you provide a check as payment, you authorize the University of Northern Iowa to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries, please call 319-273-2628.

___ Visa ___ MasterCard ___ Discover ___ American Express

Card number: _____ Exp. Date _____

Name as it appears on card: _____

Billing information (if different from above)

Address _____

City _____ State _____ ZIP _____

Signature _____ Amount to charge _____

By signing this form, I agree to have the above charge billed to my credit card.

Return completed registration form to:

UNI Sports Camps
2401 Hudson Road
North Dome 268
Cedar Falls, IA 50613-0310

Online registration available at www.unisportscamps.com

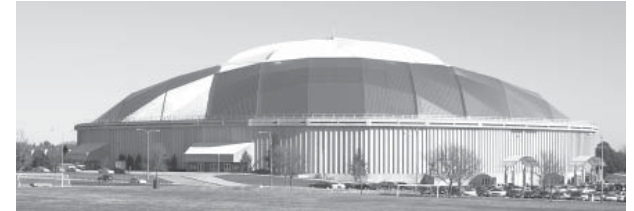
Non-Profit Organization
U.S. Postage - PAID
UNI

UNI Sports Camps
2401 Hudson Road
North Dome 268
Cedar Falls, IA 50614-0310

UNIVERSITY OF NORTHERN IOWA



2010 PANTHER SOFTBALL FUTURES CAMP



JANUARY 31, 2010
UNI-DOME
CEDAR FALLS, IOWA
9:00 A.M.
GRADES 10-12
WWW.UNISPORTSCAMPS.COM

WELCOME TO UNI SOFTBALL 2010 FUTURES CAMP JANUARY 31, 2010

The University of Northern Iowa Softball
staff invites you to the UNI-Dome for
Futures Camp.

Futures Camp Information

The UNI Softball Futures Camp is open to any and all entrants and is geared towards players who are currently playing or planning to play at an advanced competitive level. The camp program is designed to develop advanced softball skills and techniques in a demanding atmosphere where you will be placed with others of similar ability. The camp staff will include members of the UNI coaching staff (2009 MVC Coaching Staff of the Year) and many 2010 UNI softball players.

Players will be provided feedback on ability and instructed in the proper fundamentals of:

- Running
- Fielding
- Throwing
- Hitting
- Pitching

The cost of the camp is \$80 and includes a camp t-shirt.

If you have any questions, please contact:
Coach Stephanie Winter (camp specific) - 319.273.4747
Tammy Bern (registration)- 319.273.2267

Camp Agenda:

8:15-9:00 a.m.

9:00 a.m.- Noon

Noon - 1:00 p.m.

1:00 p.m.

4:00 p.m. (approx.)

* If you are a **pitcher only**, your check in time is **noon**.

Players need to bring their own equipment and necessary clothing.

• **Register Early** - Enrollment is limited to the first 80 registrants

• **Early Registration deadline is Friday, January 22, 2010.**

• **Cost is \$80** - includes camp t-shirt

• **Check In:** 8:15-9:00 a.m.

• If you are a **pitcher only**, your check in time is **noon**.

• **Lunch** - There will be pizza and pop available to purchase in the UNI-Dome, or you can eat off campus.

• Online registration available at www.unisportscamps.com.

Check In*

Home to First

Home to Home

Outfielders Throw

Infielders Throw

Catchers Throw

Hitting Drills

LUNCH

Pitchers Throw

Skill/Technique Drills

RELEASE AND MEDICAL INFORMATION

I hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any sports camp activity (including residence hall activity and transportation). As parent/guardian, I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the sports camps and their officers, employees, agents, instructors and all participants in the sports camp program (collectively, the "Releasees") from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in the sports camp and sports camp activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the University of Northern Iowa Panther Sports Camp.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in camp activities.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

PLEASE PRINT ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION AND DEPOSIT.

Student's Name _____

Father's Name _____

Day Phone (_____) _____ Evening Phone (_____) _____

Mother's Name _____

Day Phone (_____) _____ Evening Phone (_____) _____

Family Physician _____

Phone (_____) _____

Medical Insurance Co. _____

Policy No. _____ Date of last tetanus immunization _____

Any serious medical conditions (e.g., diabetes, asthma, epilepsy) _____

Medications currently taken and for what conditions

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Allergies _____

Parent/Guardian Signature _____

Date _____