

The University of Tennessee at Martin

Skyhawk

Winter Warmup Softball Camp Application

Name _____

Age _____

Address _____

City/State/Zip _____

Telephone _____

Cost: Pre-registration\$70.00
(before Dec. 15)

At the door.....\$80.00

Total Fees Enclosed: \$ _____



The University of Tennessee at Martin is an EEO/AA/Title VI/Title IX
section 504ADA/ADEA employer E05-0231-00-001-06

The University of Tennessee at Martin
Office of Intercollegiate Athletics
1022 Elam Center
Martin, Tennessee 38238-5033

The University of
Tennessee at Martin

Skyhawk Winter Warmup Softball Camp



December 21-22
2005

A Message from Coach

“Participating in softball camp is an opportunity to learn the individual fundamentals and team concepts necessary to excel. Our softball camp will focus on developing the proper work ethic as well as creating the proper mental attitude. Providing campers with the opportunity to reach their potential and increase their knowledge of the game is what our camp is all about.”

Sincerely,
Coach Donley Canary

Camp Features

- Camp insurance
- Low camper-to-coach ratio
- Individualized instruction
- **Free t-shirt**
- Team competition
- Emphasis on the fundamentals of the game

Camp Cost

December 21-22

- 9am-3 pm Half Day
- Pre-registration \$70 (before Dec. 15)
- At the door \$80

Lunch will be provided.

Campers will be divided by positions

What to Bring

Glove, Sneakers, Knee pads,
Catching gear, Bats (optional)

Eligibility

Anyone ages 6 through graduating high school is eligible. Campers will be grouped by age and ability.

Where camp is held:

Elam Center

How to register:

Complete the application and medical form and return to: UT Martin; 1022 Elam Center; Martin, Tenn. 38238

For more information or to register:

Call Donley Canary at 731-881-7162; or
E-mail dcanary@utm.edu

Release and Assumption of Risk

In consideration of my child's participation in the Tennessee-Martin Softball Camp, I hereby release and agree to indemnify and save harmless the University of Tennessee, its successors, assigns, officers, agents and employees from all claims, including liability for bodily injury of whatever kind, including loss of life or property arising out of said Softball Camp. Furthermore, I acknowledge that there are risks inherent in my child's participation in the Softball Camp and I fully assume all such risks, hazards and losses which are connected with such activities.

I have read this waiver and knowing that the Softball Camp is a potentially dangerous activity and in consideration of my child's participation in this activity, I for myself and anyone entitled to act on my behalf and/or my child's behalf hereby waive and release the University of Tennessee, its officers, employees, or agents from all claims or liabilities of any kind arising out of my child's participation in this activity.

Permission

I hereby give my permission for my child's participation in camp activities at the University of Tennessee at Martin. Should emergency medical treatment be needed, I authorize the coach and/or staff, if I cannot be reached by telephone or because of the emergency not allowing sufficient time to make contact, to act on my behalf to approve any reasonable medical treatment deemed necessary by a licensed physician and/or hospital.

Parents Signature: _____

Parents Name (printed): _____

Date: _____

Childs Name: _____

Medical Insurance Company: _____

Policy/Group Number _____

Insureds Name _____

Insureds Social Security #: _____

Dependents Social Security #: _____

Dependents Medications: _____

Dependents allergies or chronic medical conditions: _____

In case of emergency notify:

Name: _____

Relationship: _____

Day Phone: _____

Night Phone: _____