

**The University of  
Tennessee at Martin  
SKYHAWK**

**SOFTBALL CAMP  
APPLICATION**

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Youth S M L  
Adult S M L XL

Please indicate the camp(s) you will be attending:

**General Skills - May 31 - June 2 (ages 6-13)**

\_\_\_\_\_ Half Day (9-12 pm) \$75 per person

\_\_\_\_\_ Advanced Pitching (2-4 pm) \$80 per person

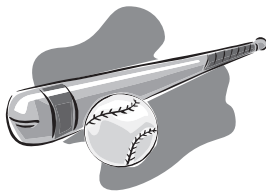
\_\_\_\_\_ Advanced Hitting (2-4 pm) \$80 per person

\_\_\_\_\_ Full Day \$125 per person

**Exposure Camp & Skills Development - June 14-15  
(ages 14 - graduating senior)**

\_\_\_\_\_ Full Day \$125 per person

Total Fees Enclosed: \$ \_\_\_\_\_



The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status. E05-0231-00-003-11

The University of Tennessee at Martin  
Camps & Special Programs  
P.O. Box 127  
Martin, Tennessee 38238

UT MARTIN  
**SKYHAWKS**



**General Skills**  
May 31 - June 2  
(ages 6-13)

**Exposure Camp &  
Skills Development**  
June 14 - 15  
(ages 14-graduating senior)

**2011**

THE UNIVERSITY of TENNESSEE **UT**  
MARTIN

## A Message from the 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

### General Skills May 31 - June 2 (ages 6-13)

- 9 a.m. to 12 p.m. Half Day - \$75
- 2-4 p.m. Advanced Pitching - \$80
- 2-4 p.m. Advanced Hitting - \$80
- Full Day \$125 (bring sack lunch)

### Exposure Camp & Skills Development June 14 - 15

- (ages 14 - graduating senior)
- Full Day \$125 (bring sack lunch)

## Eligibility

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

## Information

Camps are held at the Bettye Giles Field.

### How to register:

Complete the application and medical form and return to: **UT Martin, Camps & Special Programs, P.O. Box 127, Martin, Tenn. 38238**

### For more information or to register:

Call Donley Canary at 731-881-7162 or  
Email: 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 summer 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 no 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.

Parent's signature: \_\_\_\_\_

Parent's name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Medical Insurance company: \_\_\_\_\_

Policy/Group number: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Dependent's medications: \_\_\_\_\_

Dependent's allergies or chronic medical conditions:  
\_\_\_\_\_

### In case of emergency, notify

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_

Night phone: \_\_\_\_\_