

The University of Tennessee at Martin
Skyhawk
Winter Softball Camp
Application

Name _____

Age _____

Position _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Please provide us with an email address. We will no longer be mailing out camp registrations or confirmation letters in the mail. Camp information will be sent out via email and will also be listed at www.utmsports.com. We will not sell your email address and you will only receive emails from us. Thank You!

Cost: Pre-registration \$85.00
(before Dec. 15)

At the door..... \$100.00

Total Fees Enclosed: \$ _____

T-Shirt Size: (Please Circle) YM YL AS AM AL

Primary Position _____ Secondary Position _____

THE UNIVERSITY of TENNESSEE **UT**
MARTIN

The University of Tennessee at Martin is an EEO/AA/Title VI/Title IX/
Section 504/ADA/ADEA employer and complies with UT System Policy
No. HR0220. E05-0231-00-014-10

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

The University of
Tennessee at Martin
Skyhawk

Winter
Softball Camp

2010 OVC
Regular Season
Champions

2009 OVC
Champions &
NCAA
Participant



December 28-29
2010

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 28-29

- 9 am - 3 pm daily
- Pre-registration \$85 (before Dec. 15)
- At the door \$100

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; Camps & Special Programs; PO Box 127; Martin, Tenn. 38238

For more information:

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: _____

Cell No.: _____