

# LAWRENCE UNIVERSITY



## SOFTBALL CLINIC 2015



Sunday, January 25<sup>th</sup>, 2015  
Session 1 - 12U & 14U  
10:30am-12:30pm

Session 2 - 16U & 18U  
1:00pm-3:00pm

### CAMP STAFF

The clinic will be under the direction of Lawrence University Softball Coach Kim Tatro who enters her 22<sup>nd</sup> year as the head coach. She has been named Midwest Conference Coach of the Year 7 times and is a member of the Lawrence University Athletic Hall of Fame.

Pitching Coach Ron Harke and assistant Coach Ryan Konitzer will also share their expertise and passion for the game of softball. The Lawrence University Softball Team will be on hand for demonstration as well as instruction.

The program is coming off an 18-13 record in 2014 and back to back seasons of qualifying for the Midwest Conference Championship Tournament. In the 2013 championship, Lawrence finished as the league runner up.



### Registration and Check-In

Please arrive 30 minutes prior to the start of the session to check in. All registration forms must be completed and signed in order to participate.



### CLINIC GOALS AND INFORMATION

The purpose of our clinic is to provide each participant with an opportunity to increase their knowledge of softball and to further develop the skills necessary to become a successful player.

DATE: January 25, 2014

TIMES: Session 1 - 12U & 14U  
10:30am - 12:30pm

Session 2- 16U & 18U  
1:00pm - 3:00pm

PLACE: Alexander Gymnasium

FEE: \$35.00 - Includes T-Shirt

### EQUIPMENT NEEDED

- ✓ Softball glove, bat and helmet
- ✓ Comfortable clothing
- ✓ Shoes
- ✓ Water bottle
- ✓ A great attitude!



### ANY QUESTIONS

Please contact Kim Tatro at 920-832-6975 or email at [kimberly.n.tatro@lawrence.edu](mailto:kimberly.n.tatro@lawrence.edu)

Register/Pay:  
Lawrence University Softball  
711 E Boldt Way SPC 16  
Appleton WI 54911

Please make checks payable to:  
Lawrence University Softball.

**Lawrence University Softball Camp Registration Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_ Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Home Phone \_\_\_\_\_ Adult T-Shirt Size Circle One: S M L XL XXL  
Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Health And Insurance Information**

I certify that the applicant is physically able to participate in softball camp and has adequate health insurance coverage. I hereby authorize the directors of the camp to act according to their best judgment in any emergency requiring medical attention.

Please note any medical conditions that we should be aware of \_\_\_\_\_

The name of our insurance company is \_\_\_\_\_  
The number of our policy is \_\_\_\_\_

**Please enclose the appropriate fee with this application. Make checks payable to Lawrence University Softball**

**ASSUMPTION OF RISK and RELEASE OF LIABILITY**  
**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY**

I have applied to participate in the Lawrence University program described as the 2015 Softball Clinic (“Program”) during the period January 25, 2015. I acknowledge that the Program is voluntary and may involve certain risks, including those described below.

I understand that by participating in the Program, I will engage in: strenuous physical activity with other participants, competition, recreational activities and, if applicable, reside in student dormitories and travel off campus. I acknowledge that these activities present certain inherent risks that are beyond Lawrence University’s control.

**I choose to participate in the Program understanding its associated risks, and knowingly and voluntarily assume all risks of collision, injury, illness, death or damage to or loss of my property that may occur while engaging in sports, recreation and any other activities arising out of or related to the Program.**

**I understand that I may discontinue participation at any time in light of the risks.**

**I hereby forever release Lawrence University, its trustees, officers, employees, and agents (the “Released Parties”), from liability for any negligent act or omission arising from my participation in the Program, including related costs, damages, claims or assertions to which I or my family, estate, or heirs may claim against the Released Parties.**

This Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Release or the Program.

Print Full Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_