

Camp Information

The Team camp is designed to prepare the campers for their upcoming season. This Elite camp will cover all fundamentals while participating in a live situational scrimmage. Each team will have 2 coaches and individual coaches for their small group sessions, which will provide instant feedback to the campers on 3 consecutive weeks. **The camp is for players who are currently in grades 9-12.**

Camp Fees & Registration

Per Camper : \$100

***10 players min. per team & 12 max.**

***Includes: 3 games, 3 small group sessions & camp t-shirt!**

***Enrollment form, medical consent and payment must be submitted by the deadline.**

I Have A Question...

What should I bring to camp?

Helmet, Indoor Gym Shoes, Catcher's Gear, Bat, Glove, Water Bottle, and Snack.

What about insurance/medical treatment?

You must complete the Consent for Participation and Medical Information Form on the reverse of the enrollment form. In case of serious injury a Coach will accompany the camper to the hospital of your choice.

What is the Registration Deadline?

The deadline to register is January 1, 2010. Space is limited to the first 50 campers for each session!

Where is the camp being held?

All sessions will be held on the UMD Campus in the Ward Wells Field house where the Bulldog Softball program practices in the winter months. Directions will be sent by email along with parking information and confirmation of your registration.

What is the refund policy?

There will be NO refunds or group rates for the Team camp sessions due to the limited space. NO EXCEPTIONS!

BULLDOG TEAM CAMP Dates:

Sunday January 24th

Sunday February 14th

Sunday February 28th

TEAM CAMP Times:

The Team Camp and Small Group sessions will be scheduled by the camp director. Each camper will be informed of their specific time within a week after the camp registration deadline. The times will vary, so if you have a specific request, please let us know in advance.

Camp Directors:

**Coach Jen Banford
(218) 726-7859**

**Email:
jbanford@d.umn.edu**

**Coach Shannon
Norman
spnorman@d.umn.edu**

**Coach Gina Zech
Email:
gzech@d.umn.edu**

UNIVERSITY OF MINNESOTA DULUTH BULLDOGS FASTPITCH



**65 ALL-CONFERENCE SELECTIONS
4 CONFERENCE CHAMPIONSHIPS
6 REGIONAL SELECTIONS
9 POSTSEASON APPEARANCES
3 ALL- AMERICANS**

**Sunday's:
January 24th, 2010
February 14th, 2010
February 28th, 2010**

BULLDOG TEAM CAMP

Grades 9th – 12th

Camp Highlights!

- **3 live situational scrimmages!**
- **3 small group sessions** in a skill of your choice!
- Each team will have **2 UMD Coaches** for each of their games.
- **3:1** camper to coach ratio
- **Instant feedback** for 3 consecutive weeks to ensure consistency in the development of each camper.
- **Prepare** for your upcoming season with the NCAA DII Bulldog Softball program!
- All sessions will be held on the UMD campus in the Ward Wells Field house where the Bulldog Fastpitch program practices throughout the winter.
- The **Bulldog Fastpitch program** takes a great deal of **PRIDE** in each and every one of our camps. Our goal is to provide the Highest level of skills instruction possible to develop the camper to their fullest potential as a softball player!

REGISTER ONLINE

Go to: www.umbulldogs.com

Click on Inside Bulldog Athletics

Click on Camps & Clinics

Click on Softball



Enrollment Form: Team Camp SB

Please print and fill out **both sides** of this form. Please use a separate form for each camper.

Camper's Name _____

Address _____

City/State/Zip _____

High School _____

Parent or Guardian _____

Home Phone _____

Cell Phone _____

E-mail Address _____

Age _____ Grade _____

Medical Consent: Y N Payment: Y N

Position (s) Played _____

Payment Amount Enclosed _____

- Mastercard
 Visa
 Discover

Card # _____

3 Digit Code (Usually on Back of Card) _____

Expiration Date _____

Signature _____

Registration Deadline: January 1, 2010

Only 6 teams! Roster size: 10 minimum & 12 maximum

T-Shirt Size (circle one): S M L XL

You may use your credit card to register by phone

Call 218-726-7859

Send application & payment to:

UMD Softball Camps – 170 SPHC
1216 Ordean Court – Duluth, MN 55812
Make checks payable to UMD Softball
Phone: 218-726-7859
or register online at:
www.umbulldogs.com

UMD Athletics Consent For Participation and Medical Information SBTeam

Campers Name _____

In case of emergency, contact _____

Emergency contact phone # _____

Medical Insurance Co. _____

Policy # _____ Group # _____

Physician name _____ Phone _____

Hospital preference: St. Mary's _____ St. Luke's _____

Medical conditions the youth program staff and medical emergency services personnel need to be made aware of:

I wish to register my minor child named above and consent to my child's participation in the summer sports camps and leagues sponsored by the Department of Intercollegiate Athletics at the University of Minnesota Duluth during the winter of 2009/2010.

I recognize that participation in recreational and instructional activities, even when well supervised and managed, poses a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child.

I understand that children registered for UMD Athletics winter sports camps and/or leagues will receive instruction in the basic principles of the sport of their choice and will spend a significant amount of time practicing and performing sporting techniques and/or researching and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program.

I consent to the transporting of my child in University vehicles to and from various locations on campus and in the Duluth area for recreational and instructional activities.

I consent to the use of video recordings and photographs of my child's participation in UMD Athletics winter sports camps and league programs.

I certify that my child has no medical condition or impairment, including the use of medication, that might inhibit her participation.

RELEASE OF LIABILITY

I, the undersigned, hereby hold the Regents of the University of Minnesota harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in the summer sports camps and/or leagues at the Department of Intercollegiate Athletics, University of Minnesota Duluth. I hereby certify that my child is provided coverage via personal health and accident insurance in affect which is sufficient to cover any and all of the expenses, noted above which might occur.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____