

## **Camp Information**

The Preseason camp is designed to prepare the campers for their upcoming season. This Elite camp will cover all fundamentals and provide instant feedback to the campers. **The camp is for players who are currently in grades 4-12.**

### **Camp Fees:**

***Pitching & Catching*            \$30**

***Hitting & Fielding*            \$30**

***BOTH SESSIONS*                \$60**

**\*Only 60 spots available for each session!**

**\*Camp T-shirt included**

### **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 February 13, 2010. Space is limited to the first 60 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 preseason camp sessions due to the limited space and cap on camp numbers. NO EXCEPTIONS!

## **Camp Schedule:**

**DATE: SUNDAY MARCH 7, 2010**

### **#1 PITCHING & CATCHING**

**Time: 12-1:30 pm**

**\*First 60 campers!**

### **#2 HITTING & FIELDING**

**Time: 1:30-3 pm**

**\*First 60 campers!**

**REGISTRATION DEADLINE:**

**February 13, 2010**

### **Camp Directors:**

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

**Email:**

**jbanford@d.umn.edu**

**Coach Shannon Norman  
Email:**

**spnorman@d.umn.edu**

**Coach Gina Zech**

**Email:**

**gzech@d.umn.edu**

UNIVERSITY OF MINNESOTA

DULUTH

BULLDOGS

FASTPITCH



67 ALL-CONFERENCE SELECTIONS  
4 CONFERENCE CHAMPIONSHIPS  
7 REGIONAL SELECTIONS  
9 POSTSEASON APPEARANCES  
3 ALL- AMERICANS

**SUNDAY MARCH 7, 2010**

**PRESEASON CAMPS**

**PITCHING & CATCHING**

**(SESSION 1)**

**HITTING & FIELDING**

**(SESSION 2)**

## Camp Highlights!

- **Prepare for the upcoming Season!**
- **Advanced skill instruction** from NCAA DII Coaching staff and players.
- **3:1** Camper to Instructor ratio
- **Instant feedback** from the Camp Instructor to ensure consistency in skill development.
- 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](http://www.umbulldogs.com)  
 Click on Inside Bulldog Athletics  
 Click on Camps & Clinics  
 Click on Softball



## Enrollment Form: Pre-Season 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 \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Age \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Medical Consent: Y N Payment: Y N  
 Position Played \_\_\_\_\_

Payment Amount Enclosed \_\_\_\_\_

Mastercard

Visa

Discover

Card # \_\_\_\_\_

3 Digit Code (Usually on Back of Card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Circle One:    SESSION 1    SESSION 2    BOTH

**Registration Deadline: February 13<sup>th</sup>, 2010**

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 Sports 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](http://www.umbulldogs.com)

## UMD Athletics Consent PSB For Participation and Medical Information

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 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 effect which is sufficient to cover any and all of the expenses, noted above which might occur.

Parent/Guardian Signature \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_