MEDICAL INSURANCE INFORMATION

Listed is (are) medical condition(s) and allergies the College should be aware of concerning the above registered minor child:

The college should be aware that the above registered minor child is taking the following medications:

Please provide your medical insurance information:

MEDICAL RELEASE

If the above named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or see that the necessary care is provided. Additionally, I give the College permission to submit my medical insurance information to any medical provider caring for the above named minor child.

WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the above to participate in Youth Class/Camp Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Camp Activities is conditional upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify and hold the College and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy or bodily injury, property damage or other incident whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability

Parent or Guardian Signature:

Plus additional coaches from Iowa colleges.

MEET THE COACHES



JOE YEGGE
Head coach | 11th season
Three-time Regional Staff of the Year
More than 650 home runs in past
seven years
Top-10 ranking in the last eight years

Five World Series appearances



MEGAN BLANK
Assistant coach | First season
Four-time All Big Ten selection
Three-year professional softball player-currently with the Chicago Bandits



KYLEE KNOP
Assistant coach | Fourth season
Two-time All American

SPECIAL GUESTS

SOFTBALL AMERICA

Randy Schneider (formerly of Iowa State, Wisconsin, Valparaiso and Wartburg)

Matt Egger (formerly of Northern Iowa and Ellsworth)





GET ON THE **FIELD**

DESIGN YOUR OWN CAMP

At Kirkwood Softball School you design your OWN camp! You'll work on what YOU need to work on to take your game to the next level.

First, test your skills in sprint times, arm strength, broad jump, and pro agility, among other categories. Then choose what you want to focus on to get the most out of YOUR camp! Choose from:

- Hitting
- Catching
- Baserunning
- Outfield play
- Pitching
- Recruiting 101

Kirkwood Softball School lets you get the most out of your experience so you can concentrate on exactly what YOU need.

YOUTH CAMP (GRADES 5 - 12)

Date and Time: January 21, 2018 | 9 a.m. - 5 p.m.

Section #: CLFI-8025-95457

Fee: \$150/camper (includes camp t-shirt)

Place: Michael J Gould Recreation Center (located on the north side of Kirkwood's main Cedar Rapids campus)

For more information, contact Lynn Lueck, 319-398-4909 or Lynn.Lueck@kirkwood.edu.

Register online at **www.kirkwood.edu/ce**, or call 319-398-1022 with registration questions.

REGISTRATION FORM

Participant Name							
Address							
City, State, Zip					*********		
Home phone number							
T-shirt size (youth)	M	L	(adult)	S	M	L	ΧL
Date of Birth	Age						
Grade							
Parent or Guardian na	ıme						
Email address							
Daytime phone number	er						
Emergency phone nur	nber						
Alternate emergency	conta	act					
Alternate emergency	phon	e numb	oer				

SOFTBALL SCHOOL

January 21 | 9 a.m. - 5 p.m. CLFI-8025-95457

\$150

Make checks payable to Kirkwood Community College. Mail check and registration to:

Kirkwood Community College Continuing Education 6301 Kirkwood Blvd., SW Cedar Rapids, IA 52404