

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:

.....

Date

MEET THE COACHES



ERIC FRESE
Head Coach | 2nd season

Prior to Kirkwood, has 20 years of head coaching experience (12 years at UW-Platteville and 8 years at Clarke University)



ARRAN WEECES
Assistant Coach



COURTNEY COFFIN
Assistant Coach

2020

YOUTH SOFTBALL CAMP

KIRKWOOD
PLAY THE GAME

cut here

GET READY

Sharpen your softball skills in a competitive atmosphere. Our softball camps cover all the fundamentals, including:

- Proper Hitting Mechanics
- Infield Defensive Fundamentals
- Outfield Defensive Fundamentals
- Catching Defensive Fundamentals
- Proper Pitching Mechanics
- Hitting Drills
- Pitching Drills

* Every camper that preregisters before 5 p.m. Feb. 21 will receive a free Kirkwood T-shirt.

WHAT TO BRING

- Glove
- Bat
- Batting Gloves
- Catcher's Gear
- Comfortable Clothes and Shoes

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.

PICK YOUR SESSION

SKILLS CAMP | GRADES 3 – 6

Section #: #CLYO-7300-113200

Date and Time: Sunday, March 1 | 9 – 11:30 a.m.

Fee: \$85/player

PITCHING CAMP | GRADES 3 – 6

Section #: #CLYO-7300-113215

Date and Time: Sunday, March 1 | 11:30 a.m. – 1 p.m.

Fee: \$60/player

SKILLS AND PITCHING CAMP | GRADES 3 – 6

Section #: #CLYO-7300-113221

Date and Time: Sunday, March 1 | 9 a.m. – 1 p.m.

Fee: \$100/player

SKILLS CAMP | GRADES 7 – 12

Section #: #CLYO-7300-113201

Date and Time: Sunday, March 1 | 1:30 – 4 p.m.

Fee: \$85/player

PITCHING CAMP | GRADES 7 – 12

Section #: #CLYO-7300-113219

Date and Time: Sunday, March 1 | 4 – 5:30 p.m.

Fee: \$60/player

SKILLS AND PITCHING CAMP | GRADES 7 – 12

Section #: #CLYO-7300-113222

Date and Time: Sunday, March 1 | 1:30 – 5:30 p.m.

Fee: \$100/player

All sessions take place at the Michael J Gould Kirkwood Recreation Center, Kirkwood Community College, Cedar Rapids.

REGISTRATION FORM

Participant Name

Address

City, State, ZIP

Home Phone Number

T-shirt size (Youth) S M L XL / (Adult) S M L

Date of Birth

Age

Grade (Fall 2019)

Parent Or Guardian Name

Email Address

Daytime Phone Number

Emergency Phone Number

Alternate Emergency Contact

Alternate Emergency Phone Number

SESSIONS

SKILLS CAMP | GRADES 3 – 6

Sunday, March 1 9 – 11:30 a.m. CLYO-7300-113200 \$85

PITCHING CAMP | GRADES 3 – 6

Sunday, March 1 11:30 a.m. – 1 p.m. CLYO-7300-113215 \$60

SKILLS AND PITCHING CAMP | GRADES 3 – 6

Sunday, March 1 9 a.m. – 1 p.m. CLYO-7300-113221 \$100

SKILLS CAMP | GRADES 7 – 12

Sunday, March 1 1:30 – 4 p.m. CLYO-7300-113201 \$85

PITCHING CAMP | GRADES 7 – 12

Sunday, March 1 4 – 5:30 p.m. CLYO-7300-113219 \$60

SKILLS AND PITCHING CAMP | GRADES 7 – 12

Sunday, March 1 1:30 – 5:30 p.m. CLYO-7300-113222 \$100

Total enclosed \$ _____

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