

# NEW OFFERING! PROSPECT SOFTBALL CLINICS FOR GIRLS

Girls Ages 14-18  
Enrollment limited to just 25 participants

All Sacramento State camps are open to any and all entrants per NCAA rules, but are limited as noted on the following camp flyers by number, age, grade level and/or gender.

## Clinics Description

The Sacramento State Prospect Softball Clinic will focus on advanced individual and team skills and concepts. Specific attention will be given to hitting, base running, positional play, and situational team defense. **Note:** No pitching instruction will be provided at the clinic.

## Fees and Information

**Fee: \$50 per person**

Enrollment is limited to the first 25 girls. Reservations are highly recommended with the limited amount of participants.

## Enrollment

Applications will be accepted on a first-come, first-serve basis. Enrollment is limited to 25 girls. Each girl must present a signed consent, liability release and medical treatment authorization (see right panel) upon enrolling in the advanced clinic. Please make checks payable to Sacramento State Softball Clinics and mail to:

**Hornet Prospect Softball Clinics**  
Sacramento State Athletics  
6000 J Street  
Sacramento, CA 95819-6099

## Age/What to Bring

Girls, ages 14-18, are eligible to participate in the advanced clinic. Bring your glove, cleats and a bat. Be sure to put your name on your equipment because others may bring the same kind of gear.

## Clinic Dates/Times

Saturday, Aug. 15, 2009 — 10 a.m. - 3 p.m.

Wednesday, Aug. 19, 2009 — 10 a.m. - 3 p.m.

\* Check clinic(s) you wish to attend on the signup sheet.

**Weather Information:** In case of inclement weather, please call (916) 278-5376 on the morning of the clinic for field conditions and instructions.

## Location/Directions

Both camps will be held at the softball field at Sacramento State near Highway 50. **Eastbound 50:** Exit at Power Inn Road/Howe Ave. Left at College Town Dr. and around campus. **Westbound 50:** Exit at Howe Ave. Go straight ahead to College Town Dr. and around campus. **Parking:** \$6 parking permits are available in the parking garage adjacent to the softball field.

## Insurance

Sacramento State Athletics purchases secondary excess accidental medical coverage, in the amount of \$25,000, for all individual camp participants. There is a deductible (\$100) which shall be the parent's responsibility. Please be sure to read the attached liability release and medical treatment authorization form and provide all information requested. Both the parent/legal guardian and camper must sign the liability release and medical treatment authorization form.

## More Information

To preregister for the clinic, make group reservations or if you have questions, e-mail: choyt@csus.edu or call (916) 278-5376. For more information on Sacramento State softball or to preregister on line, log onto www.hornetsports.com.

## Refund Policy

In case of an emergency, participants may request a refund of their registration fee. If the request is made at least seven (7) days prior to the start of a camp session, there shall be no penalty fee. There will be a \$20.00 fee for checks returned by bank. Stopped payments do not constitute a refund. Refunds must be requested.

Contact E-Mail Address:

Please make check payable to SACRAMENTO SOFTBALL CLINICS and mail to:  
Hornet Prospect Softball Clinics, Sacramento State Athletics, 6000 J Street, Sacramento, CA 95819-6099

School Playing Exp.:

Parent Name:

Hm. Phone: ( ) )

Wk. Phone: ( ) )

Address:

City:

Zip:

Name:

Age:

**HORNET PROSPECT SOFTBALL CLINIC SIGNUP**

Check clinic(s) you wish to attend: Aug. 15

Aug. 19

## Informed Consent, Liability Release and Medical Treatment Authorization

I request that my child (identified on this form) be permitted to participate in the identified sport/athletic Clinic activity and agree to the following: I understand and agree that my child's participation in this activity may expose her to risks of injury or death. The risks include but are not limited to **death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons.** I will counsel my child so she understands that it is important for her safety and the safety of others, to follow all instructions of the Clinic coaches and staff. I agree that I am responsible for my child's conduct while she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Clinic, State of California (State), California State University, Sacramento (CSUS), the California State University (CSU), its Trustees, officers, coaches, volunteers, employees and agents **from all liability, claims, costs, and expense**, arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Clinic, State of California (State), California State University Sacramento (CSUS), its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the child. I further agree that the Clinic Staff and the CSUS are **authorized to obtain and authorize emergency medical treatment** for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Clinic, State, CSUS, CSU and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent/Legal Guardian

Date: \_\_\_\_\_