

2019 Bi Weekly Game Day Experience / All Skills Clinic

August 27th - December 3rd

Ages 12-18+

SPECIFIC DATES BELOW

****Limited to 20 slots****

Becky Clark Softball Weekly Game Day Experience/All Skills Clinic will be led by South Alabama Hitting/Infield Coach, Kristina McCain. Campers will receive instruction relevant to a typical game day. Specific instruction in the areas of pregame warm up, mental preparation and approach, video analysis including in-game hitting and defense, post game analysis and drill work for the purpose of correction and adjustment will be provided. **This clinic will only have 20 slots available. Please contact Coach McCain to discuss any questions you might have involving the camp, or to reserve your spot today go to www.beckyclarksoftballcamps.com !** (Contact information below). Times and days are tentative. You can find dates of camp below:

Dates: TUESDAY'S = 8.27.19 / 9.10.19 / 9.24.19 / 10.8.19 / 10.22.19 / 11.5.19 / 11.19.19 / 12.3.19

Time: 7:00p.m. - 9:00p.m.

**MAKE UP DAYS WILL BE AT USA STAFF'S DISCRETION.*

Name _____ HS Graduation year: _____ DOB _____

Address _____

City State Zip _____

Parent/Guardian Name _____

Home Phone _____ Business or cell Phone _____

Email (print clearly) _____

High School _____ Coach _____

Summer/Travel Team: _____ Coach: _____

Cost = \$250

Registration:

Go to www.beckyclarksoftballcamps.com

For more information, contact Kristina McCain by email beckyclarksoftballcamp@gmail.com or by phone 205-447-2149.

All University of South Alabama sports camps are open to any and all applicants and are limited only by the number of slots available per camp and the age, grade level and/or gender of the participant.

EMERGENCY MEDICAL INFORMATION FORM

CAMPER NAME: _____
Street Address: _____
City State/Zip Code _____
AGE: _____ GRAD YEAR: _____ SCHOOL _____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS

NAME: _____ Relationship _____
HOME PHONE: _____ WORK/CELL PHONE: _____
Street Address: _____
City State/Zip Code _____

NAME: _____ Relationship _____
HOME PHONE: _____ WORK/CELL PHONE: _____
Street Address: _____
City State/Zip Code _____

HEALTH INFORMATION STATEMENT

Check below any information you feel the staff may need to maximize the safety and the well being of the camper. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

- Mental or emotional health issue
- Seizure disorder
- Lung Disease (asthma, persistent cough, tuberculosis)
- Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure
- Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever)
- Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)
- Arthritis, Diabetes, Kidney or Bladder Disease
- Hay Fever or Allergies
- Impaired Sight or Hearing, Chronic Ear Infections
- Recent Surgical Operations, Accidents or Injuries
- Any Current Infectious Disease
- Any Current Skin Disease
- Allergy to Foods
- Do You Wear Glasses? Yes No Sometimes
- Do You Wear Contact Lenses? Yes No
- Date of last TETANUS BOOSTER _____
- Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____
- Any other current health related issues? _____

Please note: All medications that accompany the camper to camp will be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medication should be listed on this form.

- Allergy to Medicines (including penicillin, tetanus)
- Medication that needs refrigeration
- Medicines currently taken by camper, including non-prescription or over-the-counter medications (list names, doses, times)
- Under on-going care of a Physician (NAME AND PHONE #) for chronic or recurring problem

Doctor's Name _____ **Clinic/Hospital** _____

Phone: _____

Health Insurance Provider Name _____ **Policy Number:** _____

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is primary coverage for those expenses.

The University of South Alabama carries accident insurance that is secondary coverage in the event of an injury.

SIGNED _____ DATE: _____

(Parent or Guardian)

This form will be shredded after the camp is over

RELEASE FROM LIABILITY

To be completed by a participant under 19 years of age and participant's parent or guardian. The participant and parent or guardian must sign in the presence of two (2) witnesses.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my son/daughter, _____ has the opportunity to participate in the Becky Clark LLC Softball Camp to be held at the University of South Alabama.

I understand that travel to and from the Camp is my responsibility over which the University and BCS LLC has no responsibility or control. In the event of inclement weather, camp staff may transport my child to an enclosed facility either on or off the University of South Alabama campus. Further, participation in the Camp is voluntary, and the undersigned are aware of, and agree to abide by the rules and regulations of the camp. In consideration for the BCS LLC and the University of South Alabama permitting my child the opportunity to participate in this activity, I, in full recognition and appreciation of any risks, hazards or dangers inherent in this activity to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activity, with the full knowledge and understanding that transportation to and from the program is not the responsibility of the BCS LLC and the University of South Alabama. Further, I do myself agree to hold harmless and indemnify, release and further discharge the BCS LLC and the University of South Alabama, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of the BCS LLC and the University of South Alabama, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid. I fully understand the risks involved in my child's participation in this activity including risks in physical activities that will include swimming under supervision of a lifeguard. My child is physically able to participate in such activities. I understand that BCS LLC and the University of South Alabama and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed on this day: _____ 2019.

Parent/Guardian Signature _____

Date _____

Witness _____

Date _____

Witness _____

Date _____