

## St. Olaf Softball Clinic 2019 | Registration

To make payment with credit card, echeck or ACH bank transfer you must register online. **Faxed registrations cannot be accepted.**

- **Youth Clinic (Grades K – 6)**  
DATE/TIME: October 6, 1:00 pm – 4:00 pm  
LOCATION: Tostrud Fieldhouse  
CLINIC FEE: \$45  
INCLUDES: Camp t-shirt & a snack  
DEADLINE: Register by September 22 to ensure t-shirt size, but registration will remain open until October 6; walks-ups on the day of are welcome!
- **Elite Skills Clinic (Grades 7 – 12)**  
DATE/TIME: October 20, 9:00 am – 4:00 pm  
LOCATION: Mable Shirley Softball Field (Tostrud Fieldhouse as rain site)  
CLINIC FEE: \$100  
INCLUDES: Camp t-shirt, lunch, and pitching session (pitchers please bring your own catcher)  
Register by October 6 to ensure t-shirt size, but registration will remain open until October 20; walk-ups on the day of are welcome!

\_\_\_\_\_ T-shirt Size (circle): **YS YM YL AS AM AL AXL AXXL**  
Camper's Name: (first & last)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date of birth: (mm/dd/yyyy) Grade completed in June of 2019 High School Graduation Year

\_\_\_\_\_  
School/Club Team

\_\_\_\_\_  
Primary Position Secondary Position

\_\_\_\_\_  
Parent/Guardians' Name: (first & last)

\_\_\_\_\_  
Parent/Guardian's Phone Number Parent/Guardian's Email: (all correspondence will be sent directly to here)

### Emergency Contact Information:

\_\_\_\_\_  
Primary Parent/Guardian Contact Name: (first & last) Relationship to Participant

\_\_\_\_\_  
Phone Number Secondary Phone Number

### Camp Selection:

\_\_\_\_\_ \$45 **Youth Clinic (Grades K-6)**  
\_\_\_\_\_ \$100 **Elite Skills Clinic (Grades 7-12)**

\$\_\_\_\_\_ Registration Total

### Health History:

**Should the child be restricted from any activity due to health reasons?**

No ☐ Yes ☐

If yes, please explain:

**Does your child have any past or current medical condition (physical or mental) that would require special attention (this includes past concussions)?**

No ☐ Yes ☐

If yes, please explain:

**Does your child have allergies and/or dietary restrictions?**

No ☐ Yes ☐

If yes, please explain:

**Will your child be bringing prescribed and/or over-the-counter medications to camp?**

No ☐ Yes ☐

If yes, what medications? *(Note: Each child bringing medications will be responsible for taking their own medications.)*

**Does your child have any food allergies?**

No ☐ Yes ☐

If yes, please explain:

**In the event of a medical emergency,** every effort will be made to contact parent(s)/guardian(s). I, the parent/guardian of camper, authorize St. Olaf College Conferences, Camps and Events staff to seek appropriate medical care if a parent/guardian cannot be reached, and I shall be fully responsible for payment of such costs. I also authorize insurance payment directly to the medical facility.

**Yes, I agree to the above statement** ☐

---

### Behavior Agreement:

As the participant registering for this St. Olaf College camp, I understand and agree as follows:

- All residential guests must attend event orientation.
- Staff, residents and guests will be treated with dignity and respect.
- Threats, injuries or endangerment of oneself or others physically or emotionally will not be tolerated.
- Participants will adhere to additional rules of conduct specifically designed for your event, classroom, and/or studio set forth by program instructor or campus personnel.
- Participant will remain in the designated event areas only and remain on the St. Olaf campus unless they present a signed permission note from a parent/guardian to the program director.
- Inappropriate use of cameras and digital imaging equipment is prohibited anywhere. Devices may not be used in locker rooms, bathrooms or private spaces.
- Attendance and participation is required at all activities, whether they be instructional or recreational. Any participant needing to be excused due to illness must first report to the program staff.
- Event/college equipment and supplies will be used in a safe and appropriate manner.
- Damages to program/campus property must be paid for by the participant or the participant's parent or guardian.
- Smoking and the use of any tobacco products are prohibited in all St. Olaf buildings and near all building entrances.
- The use or possession of alcohol or illegal drugs is strictly forbidden and will result in dismissal without refund.
- Firearms, weapons and fireworks are not permitted on campus.
- Pets are not permitted in any campus building. Service animals must be clearly identified.
- Failure to follow these guidelines may result in the immediate cancellation of participation in the event.
- No program refunds will be given.
- This waiver will be governed by the laws of the State of Minnesota.
- I have read this waiver carefully, and I understand and agree to be bound by the provisions herein.

### Parent/Guardian Waiver:

As the parent/guardian of the minor registering for this St. Olaf College camp, I consent to his/her participation and I understand and agree as follows:

- My child/ward is healthy and capable of fully participating in all aspects of the camp.
- My child/ward has sufficient health insurance to cover her/him during her/his participation in the program.
- I understand that St. Olaf College does not provide insurance for program participants.
- I hereby release pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the website.
- I hereby release and discharge St. Olaf College and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death.
- I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in the program, including and without limitation to my child/ward's injury, illness, and death.

---

Parent/Guardian Signature

---

Date

---

Camper Signature

---

Date