SPACE IS LIMITED TO THE FIRST 60 PARTICIPANTS
Ages: 8th grade and Younger
RSVP by June 1st, to secure a spot
Date: June 11th – 13th, 2012
Time: 9am to Noon
Location: GALS Quad on Smeed Parkway in Caldwell, Idaho.
Cost: $80.00 - includes a camp T-shirt. ($100.00 for late registration and walk-ups)

I am excited to present to you the 2012 College of Idaho softball camp. This is an outstanding opportunity for your daughter to receive one of kind instruction from local High School coaches and current and former College of Idaho team members. This camp will provide expert instruction and lecture on the mental, physical and mechanical aspects of softball. We will provide drills to enhance skills and every level. Your daughter will be offered many hours of hard work and fun and will go home a better player.

I look forward to seeing you this summer!

Al Mendiola
Head Softball Coach
College of Idaho

Contact Information:
Email: amendiola@collegeofidaho.edu
Phone: 208-459-5113
Fax: 208-459-5854

Registration Form

Name:_______________________________________________________________
Address:___________________________________________________________
School:___________________________ Grade:_________________________ Shirt Size:_____
Phone:___________________________ Email:______________________________

*Please make checks payable to: Al Mendiola.

Mail to:
Al Mendiola – Head Softball Coach
2112 Cleveland Blvd.
Caldwell, ID 83605-4432

Insurance Card: All campers must have their own medical insurance to attend camp. A PHOTOCOPY OF CAMPERS’ VALID AND CURRENT INSURANCE CARD IS REQUIRED and should be mailed with registration. Please ask your ASA coach for a copy of your card. Campers will not be allowed to participate if current insurance copy is not on file.
Liability Release

I, _______________________, the undersigned, have read and agree to the following:

*I understand the potential dangers and risks of participating in the camp include, but are not limited to, death or serious injuries which may result in complete or partial impairment of my body, general health and well being.

*In consideration of The College of Idaho permitting me to associate myself with the camp, I hereby voluntarily assume all risks associated with participation and agree to discharge and release The College of Idaho, their agents, servants and employees from and all liability, claims, cause of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to this softball camp.

*The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, as assignees, and all members of my family.

*I am in good health. There is no medical reason why I am not able to participate in this camp.

*I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with this camp.

*I understand that it is my obligation to have a health and accident insurance policy in effect while participating in the camp.

*I understand the payment is due at the time of registration to ensure enrollment in the camp.

Health Statement

Name of Camp Participant: _______________________

Please list any and all physical conditions that The College of Idaho camp staff should know which may affect or be affected by participation in this camp:

Present medical problems or conditions: _______________________

Medication taken regularly: _______________________

Allergies (including allergies to medications): _______________________

Limitations on physical activities: _______________________

Emergency Contact: _______________________

Day Phone: _______________________

Night Phone: _______________________

Name of Insurance Co.: _______________________

Name on Policy: _______________________

Group number: _______________________

Address of Insurance Co.: _______________________

Phone: _______________________

For participants who are not 18 years of age or older:

I certify that I am the parent or legal guardian of the named participant in the College of Idaho softball camp. I have read the above agreement and certify that all information provided is true, accurate, complete and current. I assent to its terms and conditions. I acknowledge that my dependent and I have agreed to the terms and conditions, and I hereby give my consent to participation by my dependent in this camp and to receive medical treatment as indicated if necessary. I further agree to hold harmless The College of Idaho, the softball camp and its employees, and all other parties referenced above as specified above.

Print Name of Participant OR Parent or Legal Guardian

______________________________

Signature of Participant OR Parent or Legal Guardian

______________________________