

# SOFTBALL ACADEMY

## HITTING CLINICS



OCT 31 NOV 7 NOV 14 NOV 21 DEC 5 DEC 12 DEC 19 (\*\*JAN 9)

\*\*Make up day, also bonus day for anyone who didn't get their lost day last year made up.

9:00-9:50 GRADE'S K-4      10:00-10:50 GRADE'S 5-7      11:00-  
11:50      GRADE'S 8-12

COST: \$35 EA      \$90 FOR 3      \$130 FOR 5      \$165 FOR 7

CIRCLE THE GROUP AND DATES YOU WOULD LIKE TO ATTEND

NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

**ALL LESSONS TAKE PLACE AT**

**JW BELL WAREHOUSE-1755 I AVE NE**

T-SHIRT SIZE: YOUTH M L ADULT S M L XL XXL

(FREE WITH 3 OR MORE SESSIONS)

CHECKS PAYABLE TO SOFTBALL ACADEMY,

Or Venmo @Larry-Yoder-Mustangs

MAIL TO: LARRY YODER, 204 BROADMORE RD NW, CEDAR RAPIDS, IA 52405

Or email to yodey2000@yahoo.com

**Medical Information, Parental Consent and Waiver Form**  
**All areas of this form must be completed**  
**and signed prior to camp participation.**

**Camper's Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**In Case of Emergency**

**Father Tel (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**Mother Tel (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**\_ I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper; and for medical attention to be given: and for the Camper to receive medical attention in the event of accident, injury, or illness.**

**\_ I understand and agree that neither The Softball Academy nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate.**

**\_ I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp.**

**\_ I waive, release, agree to not sue for, and relinquish all claims against The Softball Academy, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp.**

**\_ I further agree to indemnify, hold harmless and defend The Softball Academy, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp.**

**COVID-19 SAFETY INFORMATION:**

**While participating in this hitting camp held by the Softball Academy, social distancing is practiced and face coverings may be worn by spectators to reduce the risks of exposure to COVID-19.**

**Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, the Softball Academy has put in place preventative measures to reduce the spread of COVID-19. However, we cannot guarantee that its participants, volunteers, or others in attendance will not become infected with COVID-19.**

**In order to limit the risk of exposure to COVID-19, participants in the hitting clinic will be kept with partners as much as possible. Hand washing/sanitizing is also**

**highly recommended before participating and when finished for the day. Athletes are also encouraged to bring their own water bottle as there will be no access to drinking fountains.**

**By participating in or attending the Softball Academy Camp you certify that you do not fit into the following categories:**

**1. Individuals who currently or within the past 10 days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.**

**2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Printed Name \_\_\_\_\_**