



2010 Central Michigan University SOFTBALL CAMP



CMU head coach and former Team USA Olympic coach Margo Jonker is ranked 10th all-time in NCAA Division I softball history and has led the Chippewas to 11 Mid-American Conference titles and 13 trips to the NCAA tournament. Jonker, along with her experienced coaching staff, can help you take all aspects of your game to the next level at the CMU softball camp.

Two separate one-day camps will help you enhance these skills:

Hitting Camp

- Hitting technique
- Hitting analysis
- Teaching mechanics and short game strategy
- Base running
- Offensive strategies

Defensive Camp

- Defensive skill development
- Detailed position instructions including pitching and catching
- Defensive Strategies
- Defensive positioning

Both camps run from 9 a.m. to 5 p.m., with registration from 8 to 9 a.m., and includes lunch.

**CHAMPIONS
COME STANDARD AT CMU.**

cmuchippewas.com

Registration (form on back)

Full payment is appreciated. A nonrefundable \$50 deposit for individual camps. Make check payable to CMU. Balance due must be received at least two weeks prior to start of camp. There are no group discounts for one-day camps.

Submit your registration form, waiver and payment to:

CMU Sports Camps
115 IAC
Mount Pleasant, MI 48859
Fax: 989-774-2540

Online registration

cmuchippewas.com

No phone registrations accepted

Refund policy

Cancellations 72 hours (three days) or more before the start of camp will be refunded in full, minus a nonrefundable \$50 deposit. Cancellations after the 72-hour period before the start of camp will be refunded up to 50 percent of the amount paid, minus the nonrefundable deposit. After camps begin, prorated refunds are given only in instances of illness or injury. Please submit refund requests in writing by e-mail, fax or mail (postmark date applies). June camp refund requests will be considered if received by July 5, 2010. July camp refund requests will be considered if received by Aug. 6, 2010.

Medical care and camp conduct

Each camp participant must have received a physical examination within a year before attending camp and must be certified by his physician as physically able to participate in the sports camp. CMU will provide a fully qualified trainer during instruction times.

Medical bills are the responsibility of the participant's parent or guardian. CMU carries excess medical insurance with limits up to \$2,000 per accident per participant, subject to a \$500 deductible. This means the coverage is in excess of the participant's own insurance, or in excess of a \$500 deductible, whichever amount is greater. The deductible and any other medical expenses not covered by insurance are the responsibility of the participant's parent or guardian. Campers must attend all sessions unless excused for medical reasons. Campers who do not follow conduct rules of the camp will be dismissed without a refund. Use of drugs or alcohol is prohibited.

Return this application with your payment. Please print or type.

Camper name _____

Address _____

City _____ State _____ ZIP _____

County _____ Phone number _____

Parent's name _____

School attending in 2010 _____

School city _____

Grade, fall 2010 _____ Graduation year _____

Height _____ Weight _____ Age _____

E-mail _____

Adult shirt size (S-XXL) _____ Position: _____

How did you hear about us? (circle all that apply)

Brochure _____ Web _____ High school coach _____ CMU coach _____

Other _____

Waiver of liability

Camper name _____

Session code (for office use only) _____

List any medical conditions that camp personnel should be aware of.
(Please attach pages as necessary) _____

List any medications currently taking _____

Phone number(s) to contact in case of emergency:

Daytime phone _____

Contact name _____

Evening phone _____

Contact name _____

Medical insurance company _____

Insurance policy number(s) _____

Insurance phone number _____

Please enroll me in the following softball camp

Defensive Day Camp

Grades 5-12 June 22 \$80—commuting

Hitting Day Camp

Grades 5-12 June 23 \$80—commuting

Defensive and Hitting Day Camps

Grades 5-12 June 22-23 \$145—commuting

CMU camps are open to any and all participants.

Make checks payable to Central Michigan University

Please charge my: VISA MasterCard Discover

Your credit card authorization allows CMU to initiate full payment of the camp.

Card number _____

Exp. date _____

Signature _____

I hereby give my permission for CMU sports medicine staff athletic trainers, the Central Michigan University Health Services and Central Michigan Community Hospital to provide any needed medical treatment for my son/daughter while he/she is attending sports camp. I specifically give my permission for necessary emergency care to be given to _____ (name of camper) by Central Michigan Community Hospital and other medical treatment providers. I attest that my son/daughter had a physical within the last 12 months and the physical disclosed no medical conditions, other than those listed on this waiver, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless CMU, its Board of Trustees, students and employees from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the university's employees. CMU is not responsible for lost or stolen property.

Parent or guardian signature _____

Date _____