

2020 REGISTRATION FORM
KUTZTOWN UNIVERSITY FASTPITCH EXPOSURE CLINIC
Clinic Date January 12, 2020

Name: _____ Street: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ DOB: _____
 Parent's Name: _____
 High School: _____ Grad. Year: _____ Major: _____ GPA: _____
 SAT Scores: _____ ACT: _____ NCAA Eligibility Center: Yes: _____ No: _____
 (Player Info) Primary Position: _____ Secondary Position: _____
 Bats: _____ Throws: _____ Ht. /Wt.: _____
 Travel Team: _____ Travel Coach: _____
 Phone: _____ Email: _____

Exposure Clinic Cost

1 Session \$65.00	2 Sessions \$105.00	3 Sessions \$140.00	4 Sessions 175.00
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Sessions have limited openings and will be closed when full. Register Early!!!

Pitching Exposure Clinic Sessions _____ #1 8:45-10:00 _____ #2 10:15-11:30
 Hitting Exposure Clinic Sessions _____ #1 8:30-10:00 _____ #2 10:15-11:45 _____ #3 12:00-1:30
 Strength & Agility Clinic Sessions _____ #1 8:30-10:00 _____ #2 10:15-11:45
 Infield Exposure Clinic Sessions _____ #1 11:45-1:15 _____ #2 3:15-4:30
 Catching Exposure Clinic Session _____ 1:30-3:00
 Outfield Exposure Clinic Session _____ 1:30-3:00
 Recruiting Clinic Sessions _____ #1 10:45-12:00 _____ #2 12:30-1:45
 (The recruiting session is a classroom session w/college coaches representing different NCAA Divisions. They review the NCAA Eligibility Center, timeline, materials, how to attract a coach's attention, etc. This session is open to parents and players at the same session fees listed above.)

of Sessions: _____ \$Total: _____ **T-Shirt Size: _____ (Adult Small – X-Large)**

ALL PAYMENTS MUST BE SUBMITTED VIA MAIL. NO ONLINE CREDIT CARD PAYMENTS FOR THIS EVENT

Please make checks payable to Kutztown University Softball

** A confirmation email will be sent confirming Registration & Payment

Return Registration & Payment to:

KUTZTOWN UNIVERSITY FASTPITCH EXPOSURE CLINIC
 P.O. Box 730 Kutztown, PA 19530
 (610) 683-4665 (office) (610) 683-1379 (fax)

**THIS FORM IS TO BE COMPLETED BY PARTICIPANTS
ATTENDING ANY KUTZTOWN UNIVERSITY
SPONSORED CAMP/CONFERENCE/CLINIC/EVENT.**

**Informed Consent Release
and
Express Assumption of Risk**

I, _____, desire to participate in _____
(Participant Name) (Name of Summer Camp or Conference Event)
at Kutztown University on _____.
(Date of Event)

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child if participant is a minor) all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life (or my child's life), and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Kutztown University, Pennsylvania's State System of Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to myself (my child) as a result of my (his/her) participation in this activity.

By my signature below, I certify that I completely understand this document.

Signature of Participant Date

Signature of Parent or Guardian (if participant is a minor) Date

Witness Date

THIS FORM IS TO BE COMPLETED FOR ANY CONFERENCE PARTICIPANT UNDER THE AGE OF 18. PLEASE NOTE: CONFEREES MAY NOT UTILIZE OUR HEALTH CENTER FACILITY WITHOUT THIS COMPLETED FORM.

**KUTZTOWN UNIVERSITY
OFFICE OF CONFERENCE SERVICES
HEALTH HISTORY/MEDICAL TREATMENT PERMISSION FORM**

Name of conferee _____ Birth date _____ Sex _____ Age _____

Parent or Guardian _____

Home address _____ Phone _____

Business address _____ Phone _____

Other Emergency Contact _____

Home address _____ Phone _____

Business address _____ Phone _____

Name of conference attending _____ Date of conference _____

Health History: (give dates)

Heart Defect/Disease _____
 Convulsions _____
 Diabetes _____
 Hypertension _____
 Mononucleosis _____
 Bleeding/Clotting Disorder _____
 Frequent Ear Infections _____

Diseases: (give dates)

Chicken Pox _____
 Measles _____
 German Measles _____
 Mumps _____

Allergies: (give dates)

Hay Fever _____
 Ivy Poisoning _____
 Insect Stings _____
 Penicillin _____
 Other drugs _____
 Asthma _____

Operations or serious injury (dates): _____

Disability or chronic recurring illness: _____

Dietary modifications: _____

Current medication taking: _____

Do you carry family medical/hospital insurance? _____ Carrier _____ # _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the conference named above. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the above conference, I hereby authorize the conference staff and the Kutztown University Health Center to obtain or provide medical treatment for my son/daughter for such injury or illness during the conference, and I hereby hold the University, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at a conference at Kutztown University. If this occurs, I hereby authorize conference staff and Kutztown University Health Center and Kutztown University representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the conference.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release Kutztown University Foundation and its representatives and Kutztown University and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the conference. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the conference named above or of Kutztown University.

Signed _____ Date _____ Phone _____

**THIS FORM IS TO BE RETURNED TO YOUR CONFERENCE COORDINATOR,
NOT KUTZTOWN UNIVERSITY PERSONNEL OR OFFICES**