

## OUR STAFF

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A carefully chosen staff of professional Fast Pitch Softball instructors has been selected to teach the highest quality skills to our campers. Our staff members are comprised of current and past college coaches and players.

### HEAD COACH/CAMP DIRECTOR

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**Judy O'Connell-Lawes**



Judy Lawes head coach at Kutztown University ranks 8th among active Division II coaches. Lawes has had a winning season in 29 of her 31 seasons at KU and holds an overall record of 941-537-2. In 2013, Kutztown won its first-ever PSAC Championship and its second consecutive Atlantic Region Championship. It carried a 14-game winning streak and a perfect 12-0 mark in the postseason to the national championship game. It was the first time KU softball competed in the national title game.

### ASSISTANT COACH

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**Don Justus**



Don Justus enters his 10<sup>th</sup> season as Kutztown University's assistant coach. Among some of his duties Coach Justus oversees the development of KU's pitchers, and outfielders, as well as assisting with the programs recruiting efforts. Justus is a current NFCA member and works various camps and clinics throughout the northeast and won 2012 NFCA Coaching Staff of the Year

## CAMP PHILOSOPHY

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The overall camp objective is to provide each participant with a great learning experience in the fundamentals of the game of softball. Camp attendees are grouped by age and ability to work in small groups. Players will receive top level instruction from current Kutztown University coaches, and current Kutztown University players. Campers will be instructed in softball fundamentals including: hitting, pitching, infield, outfield, catching, base running, sliding, diving, etc. Players will also receive instruction on various skills that will help them improve their focus, hustle, discipline, teamwork, and attitude. A combination of drills, competitions, and games make for a fun, instructional week of softball at Kutztown University's softball facility.

### COST

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**Camp Cost Overnight \$575.00**

**Camp Cost Commuter \$170.00**

Overnight camp and includes five days of instruction, breakfast, lunch, dinner and a camp T-shirt. Commuters receive lunch and T-shirt.

**Deposit:** A \$75 deposit must accompany your application to assure your reservation. Camp fee can be paid in increments providing fee is paid in full upon camp check-in. We reserve the right to dismiss any student whose conduct is detrimental to the camp and no refund will be made. No deduction for late arrival or early departure.

[www.kusportscamps.com](http://www.kusportscamps.com)

## KUTZTOWN UNIVERSITY SOFTBALL



**KUTZTOWN  
UNIVERSITY  
SOFTBALL  
ALL- SKILLS  
SUMMER  
CAMP  
July 14-18,  
2019**

Follow us on Twitter  
**@Ku\_Softball**

**2019 KUTZTOWN SOFTBALL**  
**ALL-SKILLS CAMP APPLICATION**  
KUTZTOWN UNIVERSITY

**Overnight Price \$575.00**

**Commuter Price \$170.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

e-mail \_\_\_\_\_

Room-mate Request (2 campers per room) \_\_\_\_\_

Player's Position \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian Signature and Date: \_\_\_\_\_

**Checks payable to:** KU Softball Camp

Mail Registration to:

Kutztown University Softball

Keystone Hall

Kutztown, PA 19530

For further information: 610-683-4665, 610-

683-4850 or e-mail: [Lawes@kutztown.edu](mailto:Lawes@kutztown.edu)

or [Justus@kutztown.edu](mailto:Justus@kutztown.edu)

**Deposit:** A \$75 deposit must accompany your application to assure your reservation. We reserve the right to dismiss any student whose conduct is detrimental to the camp and no refund will be made. No deduction for late arrival or early departure.

**Cancellation Policy:** Cancellations must be received in writing at least 3 weeks prior to camp date. All cancellations are subject to a \$75 service charge. If notice of cancellation is not received 3 weeks prior to start date there will be no refund.

**EMERGENCY CONTACT  
INFORMATION AND  
WAIVER**

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone- Home & Cell: \_\_\_\_\_

Camp has my consent to secure medical treatment for my child in case of emergency. Camp may elect to access family health/accident policy. Parent/Guardian will be notified immediately. I permit them to participate in normal daily camp activities and I will be responsible for insurance coverage for my child/children.

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

I have carefully read the enclosed information and agree to the conditions stated herein.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ABOUT THE CAMP**

Location: Kutztown University's rural 325 acre campus in Pennsylvania Dutch Country between Allentown and Reading. The Dorms, Fields and Dining are located within 250-yard radius.

**Camp Includes:**

Beautiful Indoor & Outdoor Facilities

- Housing-Campus Dorms (No AC)
- Indoor Swimming Pool
- Games
- Camp T-Shirt
- Cafeteria Style Meals
- Drill Stations/ Instruction
- Batting Cage
- Motivational Sessions

Overnight Campers: All-Skill Campers arrive on Sunday 7/14/19 for check-in from 1-3 P.M. Campers must bring their own equipment & clothing. Dorm does not have AC. Check-out on 7/18/19 at 11:30 A.M.

Commuter Campers: Check-in Sun. 2:00. Camp times. Sun. 3-4:30/Mon.-Wed. 9-4, Thurs. 9-11:30. Check in at designated dorm. Drop off and pick up at field. Lunch included.

***\*Please notify the camp directors if you have any special needs that must be met to attend this camp.***

**No Online Payments Accepted**

**Register early to assure your spot!**

**Visit [www.kusportscamps.com](http://www.kusportscamps.com) for camp dates and information.**

**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**