

OUR STAFF

Our staff is comprised of current Kutztown University Coaches & Players.

2012 NFCA COACHING STAFF OF THE YEAR

2012 ATLANTIC REGION CHAMPIONS

2013 PSAC CHAMPIONS

2013 NCAA DII NATIONAL RUNNER-UP

2017 PSAC EAST CHAMPS

Head Coach

Judy O'Connell-Lawes

Judy Lawes enters her 33rd season as head softball coach at Kutztown University. Lawes holds an overall record of 977-557-2. 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.

The camp staff will include current players from the Kutztown University Softball team.

COLLEGE SOFTBALL PREP CLINIC

This one day clinic will cover a variety of elite skills and fundamentals which will allow participants to enhance all aspects of their game while working very closely with the Kutztown coaching staff and current players.

The clinic will help prepare high school players for the next level of competition through the drills and typical practice styles of the Kutztown University softball team.

FEES

Clinic Cost—\$75.00 per player
Register By Mail Only

Payment: The full fee of \$75.00 must accompany your application to assure your reservation. No credit card payments will be accepted. 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. If notice of cancellation is not received 3 weeks prior to start date, there will be no refund.

KUTZTOWN UNIVERSITY SOFTBALL



2019 COLLEGE SOFTBALL PREP CLINIC

**MONDAY
OCTOBER 14, 2019
NOON—3:00 PM**

**KUTZTOWN
UNIVERSITY
NORTH CAMPUS
FIELD**

**2019
COLLEGE SOFTBALL
PREP CLINIC
APPLICATION**

www.kutztownsportsamps.com

Player Name: _____
Address: _____
e-mail _____
Phone: _____
Age: _____ DOB: _____
Phone: _____
Grade: _____
High School: _____
Travel Team: _____
GPA: _____
Position: _____

Parent/Guardian Signature and Date.

Checks payable to: KU Softball Clinic,
Keystone Hall, Kutztown University,
Kutztown, PA 19530
For further information: 610-683-4665
e-mail: Lawes@kutztown.edu

Deposit: The full fee of \$75.00 must accompany your application to assure your reservation. All registration must be submitted via mail. 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 or email at least 3 weeks prior to enrollment date. All cancellations are subject to a \$25 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: _____

The clinic has my consent to secure medical treatment for my child in case of emergency. The clinic may elect to access family health/accident policy. Parent/Guardian will be notified immediately. I permit them to participate in normal daily clinic 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 CLINIC

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.

The Clinic: This one day clinic will cover a variety of elite skills and fundamentals which will allow participants to enhance all aspects of their game while working very closely with the Kutztown coaching staff and current players. The goal of this clinic is to prepare high school players for the collegiate level of competition through the drills and typical practice styles of the Kutztown University softball team.

Date: Monday October 14, 2019

Participants: Instruction level is designed to accommodate advanced levels of play.

Location: Kutztown University Softball Field (North Campus)

Time: Noon-3:00 PM (Arrive 45 minutes early for check-in)

Cost: \$75.00 per player *Please submit all registration via mail. No online registration is being offered.

For further information please contact Head Coach Judy Lawes at lawes@kutztown.edu.

Office Phone 610-683-4665
www.kutztownsportsamps.com

**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**