



2011 Winter Skills Camp

The coaches and players of the 2011-2012 PVCC Softball Team are conducting their first annual **Winter Skills Camp**. The camp will offer two separate sessions: a 4-hour morning session and a 2-hour afternoon session. Participants will be instructed by the coaching staff and the highly skilled players of PVCC Puma Softball in areas including; base running, hitting, fielding, proper throwing mechanics and/or pitching and catching.

DATE: Saturday, December 3, 2011

TIME: **Session 1:** 8am-12pm (Base running, hitting, and fielding)

Session 2: 1-3pm (Pitching/Catching OR Hitting)

(Pitchers must bring their own catcher who is NOT attending the catching camp)

LOCATION: Paradise Valley Community College

18401 N 32nd St, Phoenix, AZ 85032 (32nd St and Union Hills)

COSTS: Session 1: \$75

Session 2: \$50

BOTH sessions: \$100

Checks are to be made payable to PVCC Softball

** Please arrive no later than 7:45am (12:45pm for afternoon session) to check in.

** Please bring all necessary equipment: glove, bat, batting gloves, catchers gear, cleats/tennis shoes, appropriate clothing/pads for sliding

TO RESERVE YOUR SPOT, EMAIL COACH JACKIE (jpoggendorf@gmail.com).

ALL INFORMATION MUST BE COMPLETED FOR PARTICIPANT TO TAKE PART IN THE CAMP!

Name _____ Birth Date _____ Graduation year _____

Address _____ City _____ Zip _____

School _____ Club Team _____

Session(s): 1 2 Both (circle one) For Session 1: Infield or Outfield (circle one)

Insurance Company _____ Policy/ID # _____ Group # _____

Insurance Company phone # _____

Emergency Contact _____ Relationship to participant _____

Home # _____ Work # _____ Cell # _____



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the PVCC Softball Showcase (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific dangers endemic in this Program's activity.)

I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff and/or the Sports Medicine Staff.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date