



DOBETT'S SOFTBALL SKILLS CAMP

Come out to have fun and improve your softball skills at a four-day camp hosted by Brianna Dobson, four year starter on Shaler's Varsity team and 2014 WPIAL Gold Metal Pitcher, and Lauren Hackett, 2012 Pittsburgh Post-Gazette Highschool Softball Player of the year and Scholarship player at Division 1 Robert Morris University. Athletes will focus on proper technique and skill development while improving basic fundamentals. To register please complete the application, medical release, and waiver forms. E-mail completed registration, liability waiver, and full payment to dobsonhackett1921@gmail.com, mail to Bauerstown, or place the information in the mail box at Bauerstown Softball Fields.



Girls Fastpitch Camp

**June 25 - June 29
2018**

Price: \$70.00

Group 1:

9:00 – 10:30 AM

10U and younger

Group 2:

10:40 – 12:10 PM

12U

Group 3:

12:20 – 1:50 PM

14U and Older

Skills:

**Hitting, Fielding,
Pitching/Catching, Baserunning,
Sliding**

BAUERSTOWN FIELDS

**152 Koehler Street
Pittsburgh, PA 15209**

E-mail:

dobsonhackett1921@gmail.com

Registration/Medical Authorization:

Please mail / email this completed and signed form

Camp Location: Bauerstown Softball Fields

Camp Dates: June 25 – June 29, 2018

Player's Name: _____ **Age:** _____

T-shirt Size (circle): Youth: YS YM YL YXL Adult: AXS AS AM AL AXL

Primary Position: _____ **Secondary Position:** _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Health & General Medical History:

If the player should be restricted from any activity, please explain:

If the player will be taking medication during the camp, please indicate drug and dosage:

Please identify any medical condition or medical history that will/may require special attention:

Emergency Contact/Phone in case the above Contact(s) cannot be reached during Camp:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Please check any of the following conditions that the apply:

- High Blood Pressure
- Diabetes
- Asthma

Please check if the player has HAD any of the following:

- Pneumonia
- Chicken Pox
- Mumps
- Measles
- German Measles

Parent/Guardian Signature: _____

Date: _____

Dobett's Fastpitch Softball Skills Camp - Liability Waiver Release Agreement

I, _____ wish to participate in Dobett's Softball Skills Camp (hereafter known as "Dobett's") offered by Bri Dobson and Lauren Hackett at Bauerstown Baseball and Softball Association (hereafter known as "Bauerstown"). As a precondition to participating in Dobett's, I have read the following Release Agreement and agree to its terms.

Assumption of Risk I understand that participating in the Dobett's entails inherent risks of physical injury, I have been given the chance to ask questions concerning the softball camp, and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the softball camp, and hereby elect to voluntarily participate in the softball skills camp. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in the activity.

Liability Release In consideration for Dobett's allowing me to participate in the activity, I agree I will not sue the camp leaders, Bauerstown, or volunteers and I release Dobett's, Bauerstown, and volunteers from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, arising from Dobett's or while upon the premises where the softball camp is being conducted, excepting those claims arising from the gross negligence or willful misconduct of Dobett's.

Indemnification: I agree to indemnify and hold harmless anyone working with Dobett's from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that Dobett's may incur arising from my involvement in the softball skills clinic.

Warranty of Physical Fitness: I warrant that I am physically fit and in a condition that will allow me to participate fully in Dobett's. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this softball camp. I understand Dobett's has not made, nor will make, any investigation into my physical fitness or ability to participate in the softball camp, and is relying on my warranty of my physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in Dobett's.

Emergency Medical Treatment: I grant Dobett's permission to authorize emergency medical treatment as it deems appropriate, and agree that such action by the softball camp shall be subject to the terms of this Agreement. I understand and agree that Dobett's assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

Intent: It is my express intent that this Agreement shall bind the members of my family and spouse (if any), my estate, heirs, administrators, assigns, and personal representatives. I agree that this Agreement and any claim arising from my participation in Dobett's shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to its conflict of laws provision. The courts shall be the forum for any lawsuits arising from Dobett's or incident to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions of shall not be affected thereby.

In signing this Agreement, I acknowledge that I have read this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I am signing this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Participant (print) _____ Age: _____

Signature: _____ Date: _____

If participant 17 years of age or younger, signature of parent or guardian is required:

Name (print) _____ Signature: _____