



# BUFFALO SOFTBALL

## Tuesday Night Hitting/Pitching Academy

5–7:00pm Every Tuesday, September 15th – October 27th

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Open to ages 8-18

Four sessions to choose from:

### HITTING

Session One: 5–6:00pm  
Session Two: 6–7:00pm

### PITCHING

Session One: 5–6:00pm  
Session Two: 6–7:00pm

**\$45 per registered session**

(Cash/Check due at check-in prior to each session)

### NAN HARVEY FIELD

HOME OF UB SOFTBALL  
UB North Campus

### REGISTER TODAY

To register, please complete all forms on page 2.

Don't miss your chance to work one-on-one with UB Softball coaches and players at the Hitting & Pitching Academy — with sessions every Tuesday night starting September 15th and ending October 27th.



**Questions?** Contact UB Softball assistant coach Angie Churchill:  
(716) 645-6976 or email [amc53@buffalo.edu](mailto:amc53@buffalo.edu)

## UB SOFTBALL CAMP REGISTRATION FORM

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_ Entering grade \_\_\_\_\_ in Fall '09  
 E-mail Address: \_\_\_\_\_ Position: \_\_\_\_\_  
 Name of Coach (if any): \_\_\_\_\_

### HITTING

Session One: 5–6:00pm  
 Session Two: 6–7:00pm

### PITCHING\*

Session One: 5–6:00pm  
 Session Two: 6–7:00pm

**\$45 per session**

*Family Discounts:*  
 2 children from same family  
 \$40 per child/per session

3 children from same family  
 \$35 per child/per session

*\*All pitchers should bring their own catcher; All participants should bring their own helmet, bat and batting glove if they have them.*

Please indicate the session(s) and dates you are registering for:

Session Date(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The total number of sessions you are registering for: \_\_\_\_\_

**\*Total enclosed (with applicable discounts) \$ \_\_\_\_\_**

*\*A \$10 service charge will be assessed for all returned checks. No refunds for registered sessions; however, sessions cancelled due to inclement weather will receive credit for a future session in 2009.*

*I hereby request that my child be admitted to the UB Softball Academy and authorize the directors or any member of the staff to act for me according to their best judgement in any emergency requiring medical attention for which I will pay all costs. I understand that any participant who does not abide by the rules and regulations of the academy is subject to dismissal without reimbursement or recourse.*

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

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**5–7:00pm Every Tuesday  
September 15th – October 27th**

All participants need to check in 10-15 mins prior to their session. They should be warmed up and ready for their session to begin at its scheduled time.

*Inclement Weather policy: If there is a session that is cancelled due to inclement weather we will notify the participants via email. In case email is unavailable, Coach Churchill's voicemail will be update with information on the current sessions. There will be no refunds given due to cancellation of any session, however, you will be able to pick another session to sign up for that best suits your schedule.*



Return this completed registration form and payment in the form of check or money order (payable to UB FOUNDATION) to:

**University at Buffalo Softball  
Hitting & Pitching Academy  
214 Alumni Arena  
Buffalo, NY 14260**

## WAIVER FORM RELEASE FOR MEDICAL TREATMENT

*Please complete this application carefully, filling out all of the information. Your admittance to the camp may be delayed if the information is incomplete.*

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Health History: *Please list ANY allergies, disease and/or medications (Conditions physicians should be made aware of.) Please include a separate sheet if you need more room.* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

Dpt: \_\_\_\_\_ Booster: \_\_\_\_\_

Polio OPV (Sabin): \_\_\_\_\_ Booster: \_\_\_\_\_

Measles Vaccine: \_\_\_\_\_ Small Pox: \_\_\_\_\_ Typhoid: \_\_\_\_\_

German Measles: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Haemophilus Influenza Type B: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Phone Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

*Parent/Guardian Authorization: This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.*

\_\_\_\_\_  
 Parent/Guardian Signature (Required) Date

Parent/Guardian Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

*My son/daughter has had a physical recently and may participate in all activities at the UB Softball Academy. I give permission for my son/daughter to be treated by a certified athletic trainer or licensed physician. I further agree that the UB Softball Academy staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.*

\_\_\_\_\_  
 Parent/Guardian Signature (Required) Date

**FULL TIME TRAINER WILL BE AVAILABLE AT ALL TIMES**