

MEDICAL INSURANCE INFORMATION

Listed is (are) medical condition(s) and allergies the College should be aware of concerning the above registered minor child:

.....

The college should be aware that the above registered minor child is taking the following medications:

.....

Please provide your medical insurance information:

.....

MEDICAL RELEASE

If the above named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or see that the necessary care is provided. Additionally, I give the College permission to submit my medical insurance information to any medical provider caring for the above named minor child.

WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the above to participate in Youth Class/Camp Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Camp Activities is conditional upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify and hold the College and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy or bodily injury, property damage or other incident whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability

Parent or Guardian Signature:

.....

Date

MEET THE COACHES



TODD RIMA
Head Coach

500 career coaching wins

Played at Northern Iowa

Coached at Northern Iowa where he helped guide the Panthers to their first Division I regional tournament

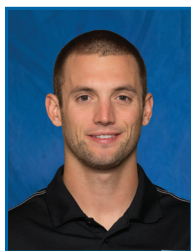
Record: 161-75 at Kirkwood



RON BENICH
Assistant Coach

Played collegiately at Mt. Mercy University

Was a two-time All-Conference infielder at Mt. Mercy



DAN MCKINNEY
Assistant Coach

Played collegiately at the University of Michigan

WITH SPECIAL GUESTS:

The Kirkwood Baseball Team

2018

YOUTH BASEBALL CAMP

KIRKWOOD
PLAY THE GAME

cut here

GET READY

Sharpen your baseball skills in a competitive atmosphere. Our baseball camps cover all the fundamentals including:

- Proper Hitting Mechanics
- Defensive Fundamentals
- Catching Fundamentals & Drills
- Hitting Drills
- Proper Pitching Mechanics
- Pitching Drills

Every camper will receive a free Kirkwood baseball t-shirt

WHAT TO BRING

- Glove
- Bat
- Batting Gloves
- Catchers Gear
- Comfortable
- Clothes & Shoes

PICK YOUR SESSION

SESSION 1 | HITTING AND DEFENSIVE CAMP

Section #: #CLYO-7300-96741

Date and Time: Sunday, February 11 | 9:30 a.m. - Noon

Ages: 7 – 14

Fee: \$50/player

SESSION 2 | PITCHING CAMP

Section #: #CLYO-7300-96742

Date and Time: Sunday, February 11 | 1 - 3 p.m.

Ages: 7 – 14

Fee: \$50/player

SESSIONS 1 & 2 | HITTING, DEFENSE & PITCHING

Section #: #CLYO-7300-96743

Date and Time: Sunday, February 11 | 9:30 a.m. - 3 p.m.

Ages: 7 – 14

Fee: \$80/player

**Players must bring their own lunch*

All sessions take place at the Michael J Gould Kirkwood Recreation Center, Kirkwood Community College, Cedar Rapids

For more information, contact Lynn Lueck, 319-398-4909 or Lynn.Lueck@kirkwood.edu.

Register online at www.kirkwood.edu/ce, or call 319-398-1022 with registration questions.

REGISTRATION FORM

Participant Name

Address

City, State, Zip

Home phone number

T-shirt size (youth) S M L XL

Date of Birth

Age

Grade (Fall 2017)

Parent or Guardian name

Email address

Daytime phone number

Emergency phone number

Alternate emergency contact

Alternate emergency phone number

SESSIONS

SESSION I - HITTING AND DEFENSIVE CAMP

Sunday, February 11 CLYO-7300-96741 \$50
9:30 a.m. - Noon

SESSION II - PITCHING CAMP

Sunday, February 11 CLYO-7300-96742 \$50
1 - 3 p.m.

SESSION 1 & 2: HITTING, DEFENSE & PITCHING

Sunday, February 11 CLYO-7300-96743 \$80
9:30 a.m. - 3 p.m.

Total enclosed \$ _____

Make checks payable to Kirkwood Community College.
Mail check and registration to:

Kirkwood Community College
Continuing Education
6301 Kirkwood Blvd., SW
Cedar Rapids, IA 52404