

# APPLICATION-UND FIGHTING SIOUX SOFTBALL HITTING CAMP

Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Date(s):** Circle the days you plan to attend 1-13-08, 1-20-08, 1-27-08, 2-3-08, 2-24-08,  
3-23-08, 3-30-08, 4-6-08, 4-13-08, 4-20-08, 4-27-08

Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

**## Make checks payable to UND##**

\_\_\_\_\_ Check No. \_\_\_\_\_  
Parent/Guardian Signature

In case of emergency, please contact: \_\_\_\_\_

Phone # \_\_\_\_\_

**\*\*ALL PLAYERS MUST PROVIDE OWN MEDICAL INSURANCE COVERAGE\*\***

T-shirts will be provided to campers who attend a minimum of 4 sessions.

Send completed application and check to:  
Sami Strinz: UND Softball Camps  
PO Box 9013  
Grand Forks, ND 58202-9013

*NO CHILD MAY PARTICIPATE IN ANY UND CAMP ACTIVITIES  
WITHOUT THIS SIGNED FORM ON FILE*

**INFORMED CONSENT, LIABILITY RELEASE, MEDICAL  
TREATMENT AUTHORIZATION, AND PHOTO RELEASE**

I request that my child (identified below) be permitted to participate in an activity sponsored by UND Athletics and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to: **death, injury, serious neck and spinal injuries, paralysis, brain damage, and injury to vital organs, bones, joints, muscles and tendons.** I will counsel my child so he/she understands that it is important for his/her safety and the safety of others to follow all instructions of the coaches and staff. I agree that I am responsible for my child's conduct while he/she is participating at the activity.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release discharge, and hold harmless the State of North Dakota, the North Dakota State Board of Higher Education, the University of North Dakota and their officers, coaches, volunteers, employees and agents from all liability, claims, costs, and expenses arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the State, NDSBHE, UND and their officers, coaches, volunteers, employees and agents against any claims arising out of my child's participation in the activity.

I further agree that the Athletics Department Staff and UND are **authorized to obtain and authorize emergency medical treatment** for my child up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release the State, NDSBHE, and UND from any liability arising out of the emergency medical treatment obtained.

I also release UND from any claims for the loss of personal property and agree that UND Athletics may use, for publicity and advertising purposes, photographs of my child taken during participation in the activity.

A copy of this agreement shall suffice as original.

Name of Child: \_\_\_\_\_

Activity: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

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

Parent/Legal Guardian Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_