Dear Softball Student-Athlete,

On behalf of the University of Wisconsin Green Bay softball program, we would like to invite you to attend the Winter Softball Elite Camp. At this camp, you will be provided the opportunity to showcase your softball skills and learn from current UW-Green Bay softball team members and coaching staff. The camp will be broken into four different segments: pitching, offense, defense I (corners/middle infield) and defense II (outfield/catchers). Each session is conducted independent of each other and all sessions’ need to be registered for separately.

This year’s camp will be held on the campus of UW-Green Bay in the Kress Events Center. If you are interested in this invaluable opportunity, please fill out the camp invitation registration form and the camp waiver below. Please return both as soon as possible to the address listed as space is limited. Please make the camp fee payable to: UW-Green Bay Softball. All camp sessions are open to any and all participants, limited only to number of participants and age (6th grade and up). Please bring tennis shoes (no cleats allowed), your softball gear needed for the desired session (i.e. catching gear for catching and bat for offense) and a water bottle. **For the pitching session, pitchers will need to bring your own catcher.**

Please mail your information and camp fee to:
University of Wisconsin Green Bay
Kress Events Center
Attn: Sara Kubuske, Head Softball Coach
2420 Nicolet Drive
Green Bay, WI 54311-7001

If you have questions please feel free to email Alaynie Woollard, Assistant Softball coach at woollara@uwgb.edu or call the office at 920-465-5035.

Again, this camp is a great opportunity to showcase your softball skills as well as learn from current college players and coaches! We hope to see you at camp!

Go Phoenix!

Sara Kubuske, Head Softball Coach

<table>
<thead>
<tr>
<th>Camper’s Name</th>
<th>Email Address</th>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>Emergency Contact Number</td>
<td>Graduation year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Select one**

<table>
<thead>
<tr>
<th>Session</th>
<th>Date &amp; Time</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pitching</td>
<td>Saturday January 18th, 2020 9:00-10:30am</td>
<td>$50</td>
</tr>
<tr>
<td>Defense Session I</td>
<td>Saturday January 18th, 2020 1:00-2:30pm</td>
<td>$50</td>
</tr>
<tr>
<td>Defense Session II</td>
<td>Saturday January 18th, 2020 3:00-4:30pm</td>
<td>$50</td>
</tr>
</tbody>
</table>

Please indicate your selection:

- **Pitching**
- **Offense**
- **Defense Session I**
- **Defense Session II**

**Total Amount Enclosed**
Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, ____________________________ (print name) on behalf of ____________________________ (print name), age __________, agree to the voluntary participation in UW Green Bay Softball 2020 Elite Softball Camp held at the University of Wisconsin – Green Bay, Kress Event Center on January 18th, 2020. (By signing the agreement to the below stated terms, you are asserting authority to execute on behalf of your minor son, daughter or ward)

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: RISK MANAGER at THE UW GREEN BAY, AT TELEPHONE NUMBER: 465-2210.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature of Parent or Guardian
(If Participant is under 18*): ____________________________ Date: ____________________________

Hold Harmless, Indemnity and Release:

In consideration for the participation of my ward in these activities, I, for my ward, myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Green Bay, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Green Bay, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

The undersigned acknowledges and agrees to all terms and policies addressed on page one.

Signature of Parent or Guardian
(If Participant is under 18*): ____________________________ Date: ____________________________

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Green Bay and its designated representatives to consent, on behalf of my ward, to authorize and consent to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent or Guardian
(If Participant is under 18*): ____________________________ Date: ____________________________

*If the participant is 18 years of age or older they must sign on their own

Name and Telephone number of person to call in case of emergency: ____________________________

Phone and E-mail address of participant: ____________________________