



UNIVERSITY OF WISCONSIN-PARKSIDE

ALL-SKILLS SOFTBALL CAMP

SEPTEMBER 21ST, 2014

1:00pm-5:00pm

Located at UW-Parkside Case Field Complex



This camp is geared toward softball players (ages 8-18) looking to increase their understanding of fundamentals in the game of softball!

Sunday, September 21st

12:00pm-1:00pm REGISTRATION

1:00pm CAMP BEGINS

5:00pm CAMP ENDS



COACH WACHHOLZ CREDENTIALS at Williston State College:

-1ST in nation in Batting Average

-1ST in nation in Slugging %

-1st in nation in Triples

-2ND in nation in On-Base%

-7 All-Region Players

-1 All-American

All-Skills Camp

The camp will include Hitting, Fielding, Throwing, and Base-running practices and skills. It will incorporate the understanding and execution of all skills specific to the different aspects of the game. For the defensive portion of the camp, players will report to their primary & secondary defensive positions to receive specific skill instruction. The purpose of the camp is to help grow players overall softball playing ability and expose them to college type drills and situations. All instruction will be given by the UW - Parkside staff and players.

**No Specific Pitching Instruction will be given*



UNIVERSITY OF WISCONSIN-PARKSIDE ALL-SKILLS SOFTBALL CAMP

Clinic Information:

To register for the All-Skills Softball Camp, please fill out and return this form with payment.

Cash or checks accepted. Please make all checks payable to UWP Softball.

Clinics will be held at UW-Parkside Case Field Complex located on the UWP campus.

All catchers must bring their own gear.

All clinic attendees must bring their own cleats, glove, bat, and helmet.

REGISTER EARLY! Clinics will fill up fast!

Please send all questions to Head Coach Scott Wachholz at wachholz@uwp.edu.

No refunds will be given on the day of or after the clinic except for inclement weather. Submit all requests in writing.

-----DETACH HERE-----



Please fill out form and return w/ payment to:

UWP Softball

C/O Scott Wachholz

900 Wood Road, P.O. Box 2000

Kenosha, WI 53141-2000



Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Date of Birth: _____ Grade: _____

Email: _____

Current School: _____

Summer Team: _____

Primary Position: _____

Please check which clinics you would like to attend.

SUNDAY, SEPTEMBER 21, 2014

_____ All-Skills (\$80) 1:00pm-5:00pm

Total Amount Enclosed: \$ _____

****PARENTAL CONSENT (SEE BELOW)****

Parent/Guardian: _____

Parent Signature (if under 18):

Medical & Health & Concussion Forms

<http://www.parksiderangers.com/sports/2007/11/19/CampsAndClinics.aspx>

****If your daughter or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at an appropriate medical facility. By signing below you are giving your consent in advance for medical treatment. Furthermore, as a participant in the camp/clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin system, and the University of Wisconsin-Parkside, their officers, agents and employees, from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of any dependent in the course of the camp/clinic.**