

# Introducing The Irish Softball Hitting Academy

Brought to you by Notre Dame Softball  
Assistant Coaches

**Kris Ganeff & Lizzy Lemire**

- ✿ The Irish Softball Hitting Academy is directed towards the athlete that wants to improve upon their offensive skills and drill development during the softball off-season to prepare for the up and coming team try-outs. Why try the Hitting Academy? To have the opportunity to develop with collegiate instructors and players over a 4 week time period and gain 8 hours of instruction to fully develop skills being introduced and worked upon
- ✿ Players will receive Four 2 hour hitting sessions on consecutive weeks from Irish Assistant Coaches and players
- ✿ Sessions will be offered on Tuesday's Starting on November 4 thru Tuesday December 2 (No class on week of Thanksgiving) and Wednesday's Starting on November 5 thru Wednesday December 3 (No class on week of Thanksgiving)
- ✿ Sessions will run from 7:00 pm – 9:00 pm and will be held in the Eck Indoor Cages located at the Baseball Stadium
- ✿ Tuesday and Wednesday night groups will be limited to 20 players, so sign up TODAY!!!
- ✿ Players may choose to sign up for the Tuesday night group or the Wednesday night group (You must stay on same night for all 4 weeks)
- ✿ Players must be in Middle School or High School
- ✿ It is required that each player bring their own bat and helmet to each scheduled session
- ✿ The Cost is \$200.00 per player for the entire 4 week session. Payment must be made in full and there are no refunds after a spot is reserved due to the limited amount of participants allowed to register. This breaks the cost down to \$25.00 an hour for instruction from the Notre Dame coaching staff
- ✿ Please fill out the form below and complete the consent for treatment on the reverse side. Send form and complete payment (cash, check, or money order) made out to Kris Ganeff. Send to Kris Ganeff, 209 Joyce Center, Softball Office, Notre Dame, IN 46556. If you need further information please send an email to [Ganeff.2@nd.edu](mailto:Ganeff.2@nd.edu) or call 574-631-9125.

<b>PARTICIPANT'S INFO: LAST</b>			<b>FIRST</b>			<b>MI</b>		
<b>ADDRESS:</b>			<b>STREET</b>			<b>CITY</b>		
<b>( )</b>								
<b>STATE</b>			<b>ZIP</b>			<b>PHONE</b>		
<b>AGE</b>			<b>GRADE</b>			<b>EMAIL</b>		

**CHECK APPROPRIATE BOX:**

- TUESDAY NIGHT GROUP**
- WEDNESDAY NIGHT GROUP**

# Notre Dame Softball Presents... The First Ever Hitting Academy

**University of Notre Dame  
Joyce Center - Softball Office  
Notre Dame, IN 46556**

**Sign up now  
Only 40 participants  
will be admitted into  
the Hitting Academy**

### INSURANCE

Accidental death and dismemberment coverage is provided according to schedule and with a maximum principal sum of \$1,000; medical expense coverage is provided with a maximum of \$50,000. Claims up to \$250 per claim are paid on the primary basis, without regard to any coverage parents might have. Claims exceeding \$250 per claim will be paid on the excess basis, meaning that family or employer group coverage must pay its maximum first. This refers to medical expenses incurred because of injury sustained during scheduled and supervised clinic activities. Hernias are not covered. The contracting of illness or disease by camper is not covered under this plan. Payment for medication and/or hospitalization needed by camper as a result of illness or disease is the responsibility of the camper and her parents. Any additional coverage desired will also be the responsibility of participant's parents.

### **CONSENT TO TREATMENT**

#### **LIMITATION AND WAIVER OF LIABILITY**

In partial consideration of our child's acceptance into the Notre Dame Hitting Clinic, I/we as parents and /or legal guardians of \_\_\_\_\_ do hereby agree to limit the liability of the Notre Dame Hitting Clinics, the University of Notre Dame, its staff and physicians, for any accident, injury, illness or other mishap which might befall the above named camper while traveling to or from, or during her attendance at the Notre Dame Hitting Clinics, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of the University of Notre Dame, any medical or surgical consultant deemed advisable, and any hospital to render to the above named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

<b>Parent/Legal Guardian (Print Name):</b>	<b>Parent/Legal Guardian (Signature):</b>
<b>Day Phone:</b>	<b>Evening Phone:</b>
<b>Emergency Contact:</b>	<b>Relationship:</b>
<b>Day Phone:</b>	<b>Evening Phone:</b>