LORAS COLLEGE SOFTBALL

SKILLS CAMP

SUNDAY
NOV. 8
2026

GRADES 3-7
10:00AM-12:00PM
REGISTRATION AT 9:40

GRADES 8-12
1:00PM-3:00PM
REGISTRATION AT 12:40

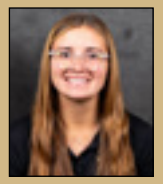
$40

CAMP T-SHIRT INCLUDED!
MUST REGISTER BEFORE NOV. 1 TO GUARANTEE SHIRT.

HOSTED BY LORAS COLLEGE

ASHLEY WINTER
HEAD COACH

MALARIE HUSEMAN
PITCHING COACH



NATE WEBER
HITTING COACH

THE DETAILS

- SUNDAY, NOVEMBER 8, 2026
- GRABER SPORTS CENTER, COX STREET
- FOR GIRLS, GRADES 3-12

WHAT TO EXPECT

SKILLS CAMP IS DESIGNED TO PROVIDE CAMPERS A SOLID FOUNDATION OF FUNDAMENTALS IN HITTING, BUNTING, BASERUNNING, THROWING, INFIELD AND OUTFIELD SKILLS.

CAMPERS SHOULD BRING THEIR OWN GLOVE, BAT, HELMET, FACEMASK, AND GYM SHOES. EXTRA BATS AND HELMETS WILL BE AVAILABLE FOR THOSE WHO DO NOT HAVE THEIR OWN

REGISTER ONLINE

SOFTBALL.DUHAWKSCAMPS.COM

QUESTIONS

ASHLEY WINTER HEAD COACH
563.588.7159 OR ASHLEY.WINTER@LORAS.EDU

LORAS COLLEGE SOFTBALL

Distribution of this flier does not constitute an endorsement by the Dubuque Community School District. Production costs were paid for by the sponsoring organization.

SOFTBALL.DUHAWKCAMPS.COM

LORAS COLLEGE SOFTBALL SKILLS CAMP

TO REGISTER, BOTH PARTS OF THIS FORM MUST COMPLETED AND RETURNED WITH CHECK PAYABLE TO:

LORAS COLLEGE SOFTBALL
ASHLEY WINTER, CAMP DIRECTOR
LORAS COLLEGE
1450 ALTA VISTA ST.
DUBUQUE, IA 52001-4327

YOU CAN ALSO REGISTER ONLINE AT:

SOFTBALL.DUHAWKSCAMPS.COM

TO GUARENTEE A T-SHIRT, REGISTER BEFORE NOVEMBER 1, 2026.

PARTICIPANT FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL ADDRESS _____

PARENT/GUARDIAN(S) NAME(S) _____ RELATIONSHIP TO PARTICIPANT _____

GRADE
☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

T-SHIRT SIZE
☐YS ☐YM ☐YL
☐S ☐M ☐L ☐XL

PHOTO RELEASE
☐ I grant permission to use images and/or video of me (or my child) taken at this camp in publications, news releases, online, and in other communications related to the mission of Loras College.

If there are specific medical situations or activities that should be restricted, attach additional information with this registration, send an email to ashley.winter@loras.edu, or call Ashley Winter at 563.588.7159

SKILLS CAMP WAIVER

INDEMNIFICATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS PERMISSION TO SECURE TREATMENT

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT BY PARTICIPATING IN THE GIRL'S SOFTBALL SKILLS CAMP ON NOVEMBER 8, 2026 [HEREINAFTER EVENT] YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES, AGREEING TO INDEMNIFY, HOLD HARMLESS AND DEFEND LORAS COLLEGE FROM ALL CLAIMS ARISING OUT OF SUCH INJURIES EVEN IF CAUSED BY LORAS COLLEGE AND AUTHORIZING LORAS COLLEGE TO OBTAIN EMERGENCY HEALTHCARE AT YOUR EXPENSE.

I, ON BEHALF OF MYSELF AND, ON BEHALF OF ANY CHILD/WARD OF MINE PARTICIPATING IN THE EVENT AS WELL AS ANY PARENT/GUARDIANS OF SUCH CHILD/WARD [HEREINAFTER INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "PARTICIPANT"], ACKNOWLEDGE UNDERSTANDING OF THE REQUISITE SKILLS AND QUALIFICATIONS NECESSARY TO PROPERLY AND SAFELY PARTICIPATE IN THE EVENT AND HEREBY AGREE TO ASSUME THE FULL RISK OF ANY INJURIES, INCLUDING DEATH, DAMAGES OR LOSS REGARDLESS OF SEVERITY, WHICH PARTICIPANT MAY SUSTAIN AS A RESULT OF, ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH THE EVENT.

PARTICIPANT AGREES TO WAIVE AND RELINQUISH ALL CLAIMS PARTICIPANT MAY HAVE AS A RESULT OF THE EVENT AGAINST LORAS COLLEGE AND ITS EMPLOYEES AND AGENTS AND DOES HEREBY FULLY RELEASE AND DISCHARGE LORAS COLLEGE AND ITS EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS FOR INJURIES, INCLUDING DEATH, DAMAGE OR LOSS WHICH PARTICIPANT MAY HAVE OR WHICH MAY ACCRUE TO PARTICIPANT AS A RESULT OF, OR ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH THE EVENT, EVEN IF CAUSED BY THE NEGLIGENCE OF LORAS COLLEGE, ITS EMPLOYEES OR AGENTS.

PARTICIPANT FURTHER AGREES TO INDEMNIFY AND HOLD HARMLESS AND DEFEND LORAS COLLEGE AND ITS EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS FOR INJURIES, INCLUDING DEATH, DAMAGES AND LOSSES SUSTAINED BY PARTICIPANT AS A RESULT OF, ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH THE EVENT, EVEN IF CAUSED BY THE NEGLIGENCE OF LORAS COLLEGE, ITS EMPLOYEES OR AGENTS..

PARTICIPANT FURTHER UNDERSTANDS THAT LORAS COLLEGE DOES NOT CARRY INSURANCE FOR INJURIES SUSTAINED BY PARTICIPANT. THEREFORE, PARTICIPANT MUST LOOK TO THEIR OWN HEALTH INSURANCE POLICY FOR ANY INJURIES SUSTAINED IN CONNECTION WITH OR ARISING OUT OF THIS EVENT. PARTICIPANT'S FAILURE TO PURCHASE HEALTH INSURANCE COVERAGE DOES NOT MAKE LORAS COLLEGE RESPONSIBLE FOR PAYMENT OF MEDICAL OR OTHER EXPENSES.

IN THE EVENT OF AN EMERGENCY, PARTICIPANT AUTHORIZES LORAS COLLEGE TO SECURE ANY TREATMENT DEEMED NECESSARY FROM ANY LICENSED HOSPITAL, PHYSICIAN, AND/OR MEDICAL PERSONNEL AND AGREES TO BE RESPONSIBLE FOR PAYMENT OF ANY AND ALL SERVICES RENDERED.

IF ANY PROVISION HEREIN IS HELD INVALID OR UNENFORCEABLE FOR ANY REASON, PARTICIPANT UNDERSTANDS AND AGREES THAT THE REMAINING PROVISIONS WILL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT HAS READ AND FULLY UNDERSTANDS THIS ENTIRE DOCUMENT AND DECLARES THAT ALL INFORMATION SUPPLIED BY PARTICIPANT IS ACCURATE AND CURRENT.

PARTICIPANT NAME _____

PARENT/GUARDIAN(S) NAME(S) _____

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP TO PARTICIPANT _____

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