

Summer Softball Camp 2017

Date: Monday, June 19th – Thursday, June 22nd
(Friday, June 23rd rain date)

Time: 8 am-12pm

LOCATION: Weddington Optimist Park: WCWAA Fields (Fields #3 and #4)
5211 Weddington Rd. Weddington, NC 28104

Cost: \$115 (\$85 for a second camper)

Non-refundable deposit \$50 due by Monday, June 12th

Balance due on first day of camp

Cash or Check- payable to: Softball Camp

Mail or Drop off form to Cuthbertson HS

C/O Jessica Marchand

1400 Cuthbertson Rd.

Waxhaw, NC 28173

Ages 6-12 years (players will be separated by age and skill level)

At Softball Camp every aspect of the game is covered – throwing, batting, fielding, base running, and team play. Our goal is to encourage a love for the game by engaging players in the sport and giving each player the kind of focused, concentrated training needed for overall improvement. We provide players of all ability levels the opportunity to improve their game, work hard, make new friends and have a lot of fun.



The camp will be staffed by:

Camp Director-- Jessica Marchand, colligate softball players, and members of the Cuthbertson Softball Team.

Items to bring: Glove, cleats or sneakers, water bottle, bat and helmet

*Short break will be given each day, camper will receive ice pop. Camper may also bring small snack.

Registration Form

Camper's Name: _____

Age: _____

Returning Camper: Y N

WCWAA player: Y N

School: _____

T-shirt Size: Youth S M L

Adult S M L

Parent's Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Email: _____ (You will receive notification emails)

Waiver and Release (Must be filled out completely)

My daughter has permission to attend the Softball Camp. I certify that within the past year (365 days) she has had a physical examination and that she is physically able to participate in camp activities. In the event of illness and/or injury, I hereby give my consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment and order injections, anesthesia and/or surgery. I will be responsible for any/all medical or other charges in connection with my daughter's attendance at camp.

She is covered by:

Insurance Company

Policy Number

Are there any restrictions on your participation? Yes _____ No _____

(If yes please explain in detail on a separate sheet and attach.)

Release Form

Registering for the Softball Camp, I intend to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Softball Camp, or its representatives, for any association with this camp, and which may arise out of my traveling to, participating in, or returning from the facility.

Parent/Guardian Signature

Date

_____ Payment in Full Enclosed _____ \$50 Deposit Included