

# Softball Camp 2019



**Date:** Monday, June 17th-Thursday, June 20th

**Time:** 8 AM-12 PM

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

**Cost:** \$120 (\$80 sibling discount)

Non-refundable **\$60** deposit due by Tuesday, June 11<sup>th</sup>

Balance due on first day of camp

Cash or Check- payable to: Softball Camp

Mail or Drop off form to

**Cuthbertson High School**

**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 and members of the Cuthbertson Softball Team.

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

\*Short breaks will be given each day, campers will receive ice pop during break\*  
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 \_\_\_\_\_ \$60 Deposit Included