

# **2017 Elite Softball Camp**

The McKendree University softball program will be holding an Elite Softball Camp on Saturday, November 11. The camp will include sessions that provide advanced instruction and drills in hitting, pitching, infield, outfield, and catching. The camp sessions are limited in size, providing individualized instruction. Camp staff will include the McKendree coaching staff and student-athletes.

DATE: Saturday, November 11

GRADES: 7-12 for 2017-2018 School Year

LOCATION: McKendree University Softball Field

COST: \$50/session

#### **Session Options:**

Lebanon, IL 62254

PITCHING: 1:00-2:30pm HITTING: 2:45-4:30pm

DEFENSE (Catching, Infield, or Outfield): 4:45-6:30pm

CAMP INFORMATION: Please arrive at least 15 minutes early to sign in prior to the camp. You will need to bring a bat, helmet, glove, cleats, and tennis shoes to participate in the camp. Pitchers MUST bring their own catchers. Bring your own water. Food will NOT be provided. Please bring your own food if you are attending multiple sessions. If you have any questions, contact Head Coach Ashley Fleming at 618-537-6908 or asfleming@mckendree.edu.

You can sign up and pay by credit card at <a href="http://softball.mckendreecamps.com/">http://softball.mckendreecamps.com/</a> or mail the registration form and a check made payable to McKendree University with "Softball Camp" in the Memo line to:

McKendree University ATTN: Ashley Fleming, Head Softball Coach 701 College Road

\*All McKendree University Camps and Clinics are open to any and all entrants – and are only limited by age, gender, or grade level

### **Registration Form**

Name:	Grade:
Address:	City/State/Zip:
Email:	Phone Number:
Summer Team:	Defensive Positions:

### **McKENDREE UNIVERSITY**

## **RELEASE AND WAIVER OF LIABILITY Athletics Department**

COACHING STAFF: This form will need to be filled out for every camper attending your camp.	
Voluntary Participation: I acknowledge that my participation is elective and voluntary and that my participation is not required by the university.	
Rules and Requirements: I acknowledge that the university has the right to terminate my participation in the Event/Activity if it is determined that my conduct is deemed contrary to established rules and detrimental to the best interests of the group or university.	
Release & Waiver of Liability: I, on behalf of myself, my personal representatives, heirs, executors, agents, and assigns, hereby RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the university, its governing board, directors, officers, employees, agents, volunteers, and any students (hereinafter referred to as "Releases") for any and all liability. I further agree that Releases are not in any way responsible for any injury or damages of any kind that I may sustain as a result of my participation.	
Personal Medical Considerations: I acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Event/Activity. I further acknowledge and understand that Releases may not have medical personnel at the location of the Event/Activity. In the event of any medical emergency, I dodo not(initial one) authorize medical care that university personnel deem necessary.	
I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR LEGAL GUARDIAN AS WELL AS MY OWN.	
Signature of Participant Date	
I certify that I have custody of Participant or am the legal guardian of Participant and that I have read this agreement and fully understand and agree to its terms.	
Signature of Parent or Guardian Date	