



2019 Bearcat Challenge Softball Camp

The McKendree University softball program will be holding a Bearcat Challenge Softball Camp on Wednesday, May 29. The camp will consist of a skills camp in the morning that will include drills and instruction in hitting and defense, followed by challenges and competition to work on game skills and in game simulation in the afternoon. The camp will be led by Head Coach Ashley Fleming, Assistant Coach Chelsea Thomas and include a camp staff of current McKendree University softball players.

Wednesday, May 29:

9:00am-11:30am SKILLS SESSION (WILL INCLUDE HITTING AND DEFENSE)
1:00pm-3:00pm BEARCAT CHALLENGE (GAME SKILLS AND IN GAME SIMULATION)

More Information:

LOCATION: McKendree University Softball Field, --- 701 College Road, Lebanon IL 62254
COST: \$95
AGES: Grades 7-12 for 2019-2020 School Year

Camp Includes:

- 2.5 hour skills camp (instruction and drills on hitting and defense)
- 2 hour bearcat challenge (game skills and in game simulation)
- Camp T shirt

More Information: Please arrive at 8:30am to sign in prior to the camp. Please bring a bat, helmet, glove, tennis shoes and cleats to participate in the camp. Lunch will NOT be provided. Please bring water and a sack lunch, or you will be able to go with a parent/guardian to get lunch during the break. If you have any questions, contact Head Coach Ashley Fleming at 618-537-6908 or asfleming@mckendree.edu.

To Register:

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

McKendree University
ATTN: Ashley Fleming, Head Softball Coach
701 College Road
Lebanon, IL 62254

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



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Mail in this registration form, along with the waiver on the following page and payment, or sign up online! Information of who to make the check out to or how to sign up online can be found on the first page.

Registration Form

Name: _____

Grade: _____ Phone Number: _____

Address: _____

City/State/Zip: _____

Email: _____

Summer Team: _____

Defensive Positions: _____

Emergency Contact: _____

Phone Number: _____

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.

I, _____ (Participant), hereby acknowledge that I have voluntarily elected to participate in the _____ (Event) to be held in and around the campus of McKendree University, from _____ (Date) to _____ (Date). In consideration for being permitted by McKendree University to participate in the Event or Activity, I hereby acknowledge and agree to the following.

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 CONVEYANT 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 do _____ do 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
