



## **SOFTBALL**

### **2020 Winter Softball Camp**

The McKendree University softball program will be holding a Winter Softball Camp on Saturday, January 11. The Skills Camp will include instruction and drills in hitting, throwing, and defensive position specific work. The Pitching Camp will include instruction and drills in pitching. The hitting instructional talk will include hitting analysis using RightView Pro video software. Camp staff will include Head Coach Ashley Fleming, assistant coach Chelsea Thomas, and current McKendree University softball student-athletes. All campers will receive a camp t-shirt.

#### **Saturday, January 12**

9:30-11:00am PITCHING CAMP (\$50)  
12:00-12:45pm HITTING INSTRUCTIONAL TALK (\$25)  
1:00-4:00pm ALL SKILS CAMP (\$85)

Location:  
McKendree University IM Gym

Age:  
Grades 7-12

**CAMP INFORMATION:** Please arrive at least 15 minutes before your session to sign in. You will need to bring a bat, helmet, glove, and tennis shoes to participate in the camp. Lunch will NOT be provided. For the pitching camp, pitchers must BRING A CATCHER (can be a teammate, parent, etc). You can sign up and pay by credit card at <http://softball.mckendrecamps.com/> or mail in the registration form, along with 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  
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

#### **Registration Form**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

T Shirt Size (Adult): \_\_\_\_\_

Defensive Positions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# McKENDREE UNIVERSITY

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## 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 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 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.

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Signature of Participant

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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.

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Signature of Parent or Guardian

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Date

