



MARIETTA

SOFTBALL



Marietta College Softball will be hosting a prospect camp on Sunday, October 6th at Marietta Field. The morning will feature a campus tour and admissions session, transitioning to the softball aspect in the afternoon. There will be offensive work, utilizing Diamond Kinetics, defensive drills, pitching, and live scrimmages. This is a great opportunity to get on campus and compete on the Marietta College Softball field.

Top Prospect Camp

October 6th 9:00 AM— 4:00PM
Grades 9-12

Tentative Schedule:

9:00 a.m. : Registration begins in DBRC
9:15 a.m. : Campus Tour
10:15 a.m. : Admissions Session
10:45 a.m.—11:00 a.m. : Transition to Marietta Field
11:00 a.m.—4:00 p.m. : Instruction and Live Scrimmages
*12:30 p.m. : Lunch With Current Players (lunch provided)



EQUIPMENT NEEDED: CLEATS, TENNIS SHOES, WATER BOTTLE, GLOVE, BAT, HELMET

**In the event of a rain out, the camp will be held in the DBRC

Cost of the camp is \$75 per camper. A \$50 non-refundable deposit is due by Sep 23rd. Please DETACH AND RETURN

Name _____ Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Position _____

Phone _____ Email _____ T-shirt Size _____

Release Waiver/Insurance

I hereby and herein authorize the director of the Pioneer Softball Camp, or any agents working on their behalf, to act in my stead for the purpose of acquiring emergency medical attention for my daughter or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illnesses incurred while at the clinic in the event same is performed pursuant to such standard. By my signature here under, I warrant that my daughter or ward is in good physical condition, has no undisclosed medical problems, illnesses or handicaps, and is capable of full and active participation in the softball clinic. I also represent that my daughter or ward has received a physical within the last year and is medically competent to participate in the activities at the clinic. Further, I understand that my insurance is the primary coverage in the event of medical treatment. The appropriate information is provided.

Name of Policy Holder _____ Insurance Co. _____

Policy Number _____

Signature of Parent/Guardian _____

Emergency Phone _____

Make check or money order payable to: Marietta College Softball

Mail to: Marietta College, Jenn Castle, Head Softball Coach, 215 Fifth Street, Marietta, OH 45750

Any questions? Contact Jenn Castle at (724) 986-1112 or ja003@marietta.edu