

# Marietta College Softball

## Two-Day Camp

### July 15-16, 2019



Marietta College Softball will be holding a two-day softball camp July 15th & 16th. The all day camp will feature instruction focused on hitting, fielding, base running, and mental aspects of the game. There will also be pitching instruction for those who are interested.

Each camper needs to supply their own lunch and snacks. Water will be provided.

Equipment needed: Tennis shoes, cleats, glove, helmet, bat, and water bottle.

Registration will begin at 8:30 a.m. at Marietta Field.

#### **Tentative Schedule:**

8:30 a.m. : Registration begins at Marietta Field

9:00 a.m.—10:30 a.m. : Hitting Stations in Cages at Marietta Field

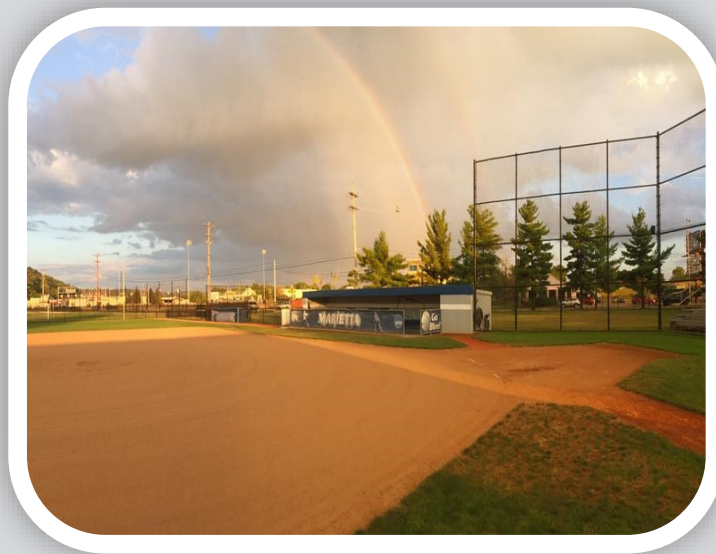
10:30 a.m.—12:30 p.m. : Defense Stations on Marietta Field

12:30 p.m.—1:30 p.m. : Lunch

1:30 p.m.—2:00 p.m. : Mental Game & Speed Training

2:00 p.m.—4:00 p.m. : Offense/Defense at Marietta Field

**9:00 a.m. - 4:00 p.m. (grades 4-12)**



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**Cost of the camp is \$100 per camper. A \$50 non-refundable deposit is due by July 5th. 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: Jenn Castle

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