

FIGHTING ILLINI

SOFTBALL

2016 FALL SOFTBALL MINI-CAMPS

COME LEARN OFFENSE AND DEFENSE FUNDAMENTALS FROM FIGHTING ILLINI STAFF!



ALL CAMPS: 5:00 - 7:00 PM
SEPT. 12 | SEPT. 19 | SEPT. 26
OCT. 3 | OCT. 17

SPACE IS LIMITED
SO REGISTER TODAY
(20 PER SESSION)

AGE: ANY AND ALL GIRLS 13-18

LOCATION: EICHELBERGER FIELD | 1201 W FLORIDA AVENUE, URBANA IL 61801

PARKING: ADJACENT TO FIELD

2016 FALL SOFTBALL MINI-CAMPS

* ALL CAMPS CHECK-IN 4:30 - 5:00 PM ON RESPECTIVE DAY

Camper Name _____

Parent/Guardian's Name _____

Home Phone _____ Emergency or Cell Phone _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ 2016-2017 Grade _____ Graduation Year _____

POSITION _____

ARE YOU A RETURNING FIGHTING ILLINI CAMPER? YES NO

QUESTIONS? CALL THE SPORT CAMPS & CLINICS OFFICE AT 217-244-7278

COMPLETED FORM CAN BE MAILED TO:
UNIVERSITY OF ILLINOIS SPORT CAMPS & CLINICS
1700 S. FOURTH STREET | CHAMPAIGN, IL 61820

MON, SEPT. 12 (\$60)

MON, OCT. 3 (\$60)

MON, SEPT. 19 (\$60)

MON, OCT. 17 (\$60)

MON, SEPT. 26 (\$60)

Amount Due \$ _____

Method of payment:

Cash Money Order Check (payable to University of Illinois)

Credit Card: MasterCard Visa Discover AmEx

Credit Card # _____ Exp. Date _____ V-code _____

"I hereby acknowledge that participation in the camp and related activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into the camp, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge the Board of Trustees of the University of Illinois, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from the registrant's participation in or involvement with this camp or presence on University property, including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton misconduct of the University. I give permission to the University of Illinois to take photographs and videos of my child during the course of the camp activities. These photographs may be used for publicity purposes by the University of Illinois."

Parent / Legal Guardian signature _____

ILLINOIS. OUR STATE. OUR TEAM.