



## September 2016 Softball Hitting/Pitching Camp

Get softball instruction in a small group setting from the 2016 McKendree University coaching staff.

You will participate in three or six one-hour sessions on various dates. The date options are listed below:

September 6, 7, 13, 14, 15, 19, 20, and 22

Cost: \$100.00 for 3 hours (Hitting or Pitching) or \$200 for six hours (3 hours of Pitching and 3 hours of Hitting)

Time Options: 5:00-6:00, 6:00-7:00 or 7:00-8:00

You will participate in 3 or 6 hrs total over the course of 2 or 3 dates in the month.

The week of September 26 will be a possible make up week in the case of bad weather cancelling sessions.

Age Range: Grades 7-12

Session Size: Limited to 8 campers per session

Location: McKendree University softball field

The McKendree University softball program is holding a Hitting/Pitching Camp in which the coaching staff will work with campers on the development of proper mechanics and mental processes of the game through drills and instruction in a small group setting. You may sign up for three one-hour sessions in hitting or pitching for \$100 total, or you can sign up for three one-hour sessions in hitting and three one-hour sessions in pitching (six hours total) for \$200.

To sign up, send an email to Head Coach Ashley Fleming at [asfleming@mckendree.edu](mailto:asfleming@mckendree.edu) to provide the camper's name, grade, and the session options in order of preference. In the email, also specify if you want to do hitting, pitching, or both. You also need to fill out 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

### Registration Form

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

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

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

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

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

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

Check which sessions you want: Hitting \_\_\_\_\_ Pitching \_\_\_\_\_ Both \_\_\_\_\_

# 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

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