



# Saint Louis University Softball

## 2023 Summer Camps

Saint Louis University Softball is offering three separate days of Elite All Skills Camp this summer. The Elite All Skills camp will include offense, defense & positional instruction by the SLU Softball Coaching Staff & SLU team. Camp will be limited in size to ensure more in-depth instruction from camp staff.

DATES: June 21<sup>st</sup>, July 12<sup>th</sup>, OR July 18<sup>th</sup> – *pick one day* -  
LOCATION: Billiken Sports Complex (Softball Field) located next to Chaifetz Arena (1 S. Compton)  
AGES: Open to grades 8-12 for 2023-2024 school year

### **ALL SKILLS CAMP (\$150)**

*Includes morning session of Defense/Position & afternoon session of Offense/Hitting*

**9:00am – 11:30am Defense/Positional Work**

**11:30am – 12:30pm Lunch on your own**

**12:30pm – 2:30pm Offense/Hitting Work**

**3:00-4:00 PITCHING CAMP (+\$25)**

**Wednesday, June 21 • Wednesday, July 12 • Tuesday, July 18**

***\*\*Each day is limited to 25 campers\*\****

Campers should bring cleats & tennis shoes, bat, helmet, & glove. Catchers will need their gear for positional work. **Pitchers will need to bring a catcher to their session.** Lunch will not be provided. Campers can bring their own lunch, go with a parent/guardian, or staff will take campers to on-site lunch options. If you have any questions, contact Christy Connoyer at: [christy.connoyer@slu.edu](mailto:christy.connoyer@slu.edu) OR 314-977-3284

*All Saint Louis University Camps and Clinics are open to any and all entrants,  
and are only limited by number, age, gender, or grade level.*

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### Registration Form

*(You will receive email confirmation upon receipt of your registration, release/waiver form, and payment.)*

Name: \_\_\_\_\_ Year of HS Graduation: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mark an "X" by which day you want to sign up for and if interested in pitching session:

\$ 150 \_\_\_\_\_ Choose your Day for Elite All Skills Camp

\_\_\_\_\_ Wednesday, June 21

\_\_\_\_\_ Wednesday, July 12

\_\_\_\_\_ Tuesday, July 18

\$ 25 \_\_\_\_\_ PITCHING SESSION 3:00pm – 4:00pm on above selected day

Check Payable to: *Christy Connoyer Softball Camps*

Registration should be mailed to:  
Christy Connoyer, Head Softball Coach  
3330 Laclede Ave  
St. Louis, MO 63103

OR REGISTER ON-LINE at  
***[www.saintlouissoftballcamps.com](http://www.saintlouissoftballcamps.com)***

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SAINT LOUIS UNIVERSITY ATHLETIC CAMP  
RELEASE AND WAIVER OF LIABILITY  
SOFTBALL

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that the coach recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his participating in the above named sport. I have advised the coach of any limitations on my child's/ward's activities for medical.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risk and, further, to waive, release, discharge and hold harmless the coach, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not substitute for my primary insurance and provides maximum coverage up to \$5,000 in accordance with the terms of the secondary insurance plan/policy.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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and are only limited by number, age, gender, or grade level.***



MEDICAL INFORMATION

CAMPER NAME \_\_\_\_\_ CAMP DATES \_\_\_\_\_

CAMPER ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

MEDICAL HISTORY (To be completed by parents)

- |   |               |
|---|---------------|
| A. Allergy (drugs, food, asthma, etc.)                  | Y_____ N_____ |
| B. Pre-Existing injury currently under treatment        | Y_____ N_____ |
| C. Medical conditions currently under treatment         | Y_____ N_____ |
| D. Birth Deformities (one eye, one kidney, etc.)        | Y_____ N_____ |
| E. Fractures or other disability type injuries          | Y_____ N_____ |
| F. Mental disorders or convulsion                       | Y_____ N_____ |
| G. Known past illness for more than one week's duration | Y_____ N_____ |

PLEASE INCLUDE AN EXPLANATION OF ANY QUESTIONS ABOVE ANSWERED "YES".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS OF INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY INFORMATION

Parent or Guardian

(1) \_\_\_\_\_ PHONE(w) \_\_\_\_\_

PHONE(h) \_\_\_\_\_

(2) \_\_\_\_\_ PHONE(w) \_\_\_\_\_

PHONE(h) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

**\* Please attach a front and back copy of your child's insurance card to this form.**

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