

WHO:

CAMP STAFF:

2017 **Bearcats Softball Camp** Sat. March 18th

Presented by: MHS Softball Players & Coaches

The camp is designed for female athletes grades K-6 who are interested in instruction geared toward the proper fundamentals of fastpitch softball. Camp contents will contain fundamental skill development and drills pertaining to windmill pitching, catching, throwing, hitting, fielding, base running, sliding and catcher techniques. Groups and instruction will be based on age, grade and ability level. A great opportunity for an entire team to participate.

Note: Depending on weather the camp will be either indoors in the gym or outside on the softball field, be prepared for both

The camp will be run by the Monroe High School softball players and coaches

Female athletes of all levels of play grades K-6 & Coaches

	DATE & TIME:	Saturday M	arch 18 th , 10	:00 am to 1:	00 pm (regis	stration starts	s at 9:00)		
	COST:	The cost is \$20 and includes a camp T-shirt. The Camp is a fundraiser for MHS Softball.							
	LOCATION:	Monroe High School Gym/Softball Field – 17001 Tester Road, Monroe WA 98272							
	WHAT TO BRING:	Tennis shoes for indoors & cleats if you have them, Glove, bat and helmet optional (please make sure your equipment is marked with your name).							
	CAMP T-SHIRT:	To guarantee a camp t-shirt, your registration must be received no later than Monday March $11^{ m th}$.							
MAKE CHECKS PAYABLE TO: Monroe High School MAIL TO: Mike Birch – 17001 Tester Road, Monroe WA 98272 PHONE: 360-794-6415 EMAIL: mkbirch@msn.com **You will receive a confirmation email when the paperwork and payment is received.**									
	Participants may	not be prese	nt without t	his complete	ed form for	the Bearcat S	oftball Can	np March 18 th 2016	
N	ame:		Age: _	Team	:		Email:		_
A	ddress:						Phone :		_
	T-shirt si	ze (circle 1):	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	
			<u>PARTICIF</u>	ANT WAI	VER AND	RELEASE			
or result above de School D or other any eme	t directly or indirectly escribed activity, I her District and its affiliate consequences arising	from the activit eby assume all s including cam out of the part essary at any c	ey. Being fully risks of injury op organizers, ticipation in th amp facility. I	informed as t or liability an sponsors, sup ne activity. As authorize any	o these risks and waive any recrisors, coacthe parent or hospital, em	and in conside right of recove ches and othe guardian of the regency medi	ration of the ry from or to r participants he above app	consequences that may a privilege of participating i bring suit against the Mo s for any personal injury, d plicant, I give my permission ad/or physician to perform	n the nroe eath on for
	Signature of Partic	ipant:	pant:			Date:			
Signature of Parent/Guardian:					Date:				