*CARDINAL SOFTBALL CAMP*

**MAY 23rd, 24th, & 25th**

**CAMP STAFF: The High School Coaching staff assisted by the High School Softball Team. Head coach: Mike Henry. Assistants: Rhonda Rogers, Taylor Kite and Hilary Moore**

**COST: The cost to attend the camp will be $50 per camper. Families with more than one camper may pay $25 for each extra child. This fee includes instruction, a camp T-shirt, and awards given to outstanding performances on completion of various competitions. *\*Call for info on team costs*.**

**SCHEDULE: Camp will include the 10U, 8U, & 6U’s in the morning sessions, the 15U’s and the 12U’s in the evening sessions.**

**Camp registration: 8:30am May 23rd (May pick up camp T-shirt)**

**10U / 8U / 6U – 9:00am to 11:30am (Monday, Tuesday, & Wednesday)**

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**Camp registration: 12:30pm May 23rd (May pick up camp T-shirt)**

**15U / 12U – 1:00pm to 3:30pm (Monday, Tuesday, & Wednesday)**

**GOALS: To cover every aspect of the game of softball (defensively and offensively) and to recognize the importance of playing as a team. The girls will be put through a series of exercises and drills in different areas of the game. Please wear appropriate clothing for practicing.**

**EQUIPMENT: Softball glove, bat, helmet, and shoes for outdoors and indoors if weather is bad.**

**ENROLLMENT: Please detach entry form below and mail in or call in enrollment by May 17th**

**to receive camp shirts on first day of camp. You may enroll in camp on any day up to and on Registration day.**

***Collinsville High School Make checks payable to: Collinsville Softball***

# *Attn: Collinsville Softball Call In Entry: Coach Henry 918 693-4686*

# *2400 W. Broadway Coach Rogers 918 692-1686*

***Collinsville, OK 74021*** EMAIL: mhenry@collinsville.k12.ok.us

## *\* Late entries may not receive T-shirt on 1st day of camp*

COLLINSVILLE SUMMER SOFTBALL CAMP

**Print Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_**

**Circle T-shirt size: AS AM AL AXL or YS (6-8) YM (10-12) YL (14-16)**

**\*Check box if going to pay at registration:**

**Parents Consent Form:**

I hereby authorize the staff of the Cardinal Softball Camp to act for me according to their best judgement in any emergency requiring medical attention, and hereby waive and release said camp from any and all liability for any injuries incurred while in camp.

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**(Parent or Legal Guardian Signature)**