

2009 COVINGTON LADY BUCCS SOFTBALL CAMP



Registration Form

Camp date: June 15th-18th (8-11am)

Location: Covington Park Complex

Return this registration form and a fee of \$55 by June 10, 2009. Space is limited and the camp will fill quickly, so register early. **Contact Dean Denlinger at 1-937-974-1488.**

Please **print** or type all information requested.

NAME _____

ADDRESS _____

PARENTS NAME(S) _____

PHONE (home/cell) _____

SCHOOL _____ POSITIONS _____

- AGE _____ **FALL GRADE 2009:** (circle one) 4th 5th 6th 7th 8th

T-SHIRT SIZE: YS YM YL ADULT SIZES: S M L XL

Make checks payable to: **Covington High School Girls Fastpitch Parents**
Send to: **1874 Swailes Road**
Troy, Ohio 45373

This is what you can expect to work on in camp:

- Hitting fundamentals - hitting, slugging, slapping, dragging, and bunting.
- Throwing fundamentals – trigger and throw, shovel toss, flip toss, speed toss, and long toss.
- Outfield fundamentals - throwing, position, communication, priority.
- Base running and sliding fundamentals.
- Pitching / Catching fundamentals.
- Scrimmaging
- Identify **“campers of the week”** from each grade.

PARENT PERMIT FOR ATHLETIC PARTICIPATION

I hereby grant permission for my daughter,

(First & Last Name)

To participate in the Summer Camp /League OR Any summer activities.

One of the following statements must be answered in the **affirmative** to complete this permit:

___ **Yes**, I have adequate insurance to cover medical expenses, if needed.

___ **Yes**, I will assume all responsibilities for medical expenses without the benefit of insurance.

WE HEREBY GIVE CONSENT TO THE COACHES OF COVINGTON SCHOOLS TO SECURE TREATMENT AT THE BEST AVAILABLE HOSPITAL IN CASE OF INJURY.

WE FURTHER GIVE CONSENT FOR THE HOSPITAL OFFICIALS OR DOCTORS TO TAKE NECESSARY ACTION TO PROVIDE THE BEST TREATMENT UNTIL WE ARE IN CONTACT WITH THE PARENTS.

- RETURN WITH CAMP FORM