



# 12<sup>th</sup> Annual Softball Camp



## FASTPITCH SOFTBALL CAMP SKILLS IMPROVEMENT

FUNDAMENTALS OF PITCHING, BASE RUNNING, FIELDING, HITTING AND CATCHING

INSTRUCTORS INCLUDE:

**PAM McCABE (FORMER HEAD COACH TRITON HS)  
AND OTHER HIGH SCHOOL COACHES AND COLLEGE PLAYERS**

**AGES 5 – 13 • JUNE 25, 26 & 27 • 9AM – 12PM**

**Glendora Girls Field**

*(Rain or Shine)*



**Registration via mail or email- ALL CHECKS MUST BE RECEIVED BY JUNE 19, 2019**

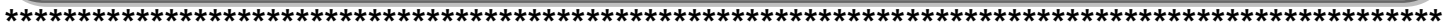
FOR FURTHER INFORMATION CONTACT: Director - Pam McCabe **856-229-2037** – email [ptchersrule@gmail.com](mailto:ptchersrule@gmail.com)

**REGISTRATION: \$100.00 INCLUDES CAMP T-SHIRT** (*T-Shirt included only if registered by 6/19/19*)

**MAKE CHECKS PAYABLE TO: Pam McCabe**

**Mail to: 800 Cherrywood Apartments, Clementon NJ 08021 or Venmo: @Pam-McCabe-2**

**REGISTRATIONS DUE: 6/19/19**



### FASTPITCH SOFTBALL SUMMER CAMP 2019 REGISTRATION FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade as of Sept: \_\_\_\_\_ School attending in September: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player Cell: \_\_\_\_\_

Mother/Father/Guardian Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SHIRT SIZE: YM YL AS AM AL AXL**

Any Medical Problems: \_\_\_\_\_

Emergency Contact: (name): \_\_\_\_\_ (relationship): \_\_\_\_\_

(phone): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

\_\_\_\_\_ **Please contact my primary doctor listed prior to emergency room treatment of my child**

I hereby grant permission for the above to participate in the softball clinic. I understand there are risks of possible injury in this program. I release its officers, members, and sponsors, AS WELL AS the coaches group from any legal or financial responsibility resulting from actions of, or injury to, my child's participation in this program. It is my understanding that I will use my insurance first if any accident occurs. I also authorize treatment for my child that in the event of an accident, my child be taken to a medical facility and treated if necessary.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT - Paid By Check # \_\_\_\_\_ or Cash \_\_\_\_\_ or Venmo: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO MAIL TO: Pam McCabe, 800 Cherrywood Apt. Clementon NJ 08021  
Or Venmo: @Pam-McCabe-2**

*Late Registrations will be available on the first day of camp June 25<sup>th</sup> at 8:30 am (T-shirt not included for late registrants)*