



# 11<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 27, 28 & 29 • 9AM – 12PM**

**Glendora Girls Field**

*(We will move to Sportz Central if raining)*

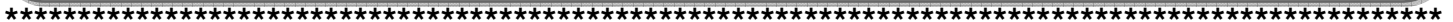


**Registration via mail or email- ALL CHECKS MUST BE RECEIVED BY JUNE 14, 2018**

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

**REGISTRATION: \$100.00 INCLUDES CAMP T-SHIRT** *(T-Shirt included only if registered by 6/14/18)*

**MAKE CHECKS PAYABLE TO: Sportz Central**  
Mail to: 741B Creek Rd Bellmawr, NJ 08031  
REGISTRATIONS DUE: 6/14/18



### FASTPITCH SOFTBALL SUMMER CAMP 2018 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 clinics sponsored by Sportz Central. I understand there are risks of possible injury in this program. I release Sportz Central, 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 and Sportz Central insurance only if mine does not cover it. 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 \_\_\_\_\_ TAKEN BY: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO MAIL TO: Sportz Central/741B Creek Rd./Bellmawr NJ 08031**

*Late Registrations will be available on the first day of camp June 27<sup>th</sup> at 8:30 am (T-shirt not included for late registrants)*