

7th Annual Edgewood Academy Softball Camp

Dates: Monday, June 18, 2018—Wednesday, June 20, 2018

Time: From 9:00 am—12:00 noon*

Location: Edgewood Academy Softball Field

*Please arrive at 8:30 on Monday to complete the registration process

CAMP INSTRUCTORS:

Kim Brown— Edgewood Academy Assistant Coach

PLUS Edgewood Academy Varsity & JV Players

CAMP INFORMATION:

Cost—\$75.00

Ages—5-12 years old

Snacks provided each day

Camp t-shirt for each player

Fundamental instruction on Hitting, Fielding, Base Running & Sliding

(Campers will need to have tennis shoes, cleats, glove, sunscreen each day. Camp activities will take place in the gym if it rains.)

Please pre-register or RSVP prior to camp. For your convenience, payment may be submitted prior to camp or the 1st morning of camp.

Sign-up information:

Contact: Coach Kim Brown

Email: kbrown@edgewoodacademy.org Phone: 334-202-4732

Make checks payable to Edgewood Academy



CAMPER INFORMATION

NAME: _____ **AGE:** _____ **SHIRT SIZE: (YOUTH OR ADULT):** _____

ADDRESS:

GRADE: _____ **SCHOOL ATTENDING:** _____

PARENTS NAME: _____ **PHONE NUMBER:** _____

PARENTS EMAIL: _____

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

For and in consideration of the 2018 Edgewood Academy Youth Softball Camp arranging for my child _____, to participate in the 2018 Edgewood Academy Youth Softball Camp during the week of June 18-20, 2018. I hereby release and covenant not to sue Edgewood Academy, the employees, officers, members, and agents of each for all claims, demands, rights, and causes of action of whatever kind or nature, including but not limited to, negligence, arising from and by reason of any and all, known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my child's participation in or in any way connected with the aforementioned camp.

I understand that it is my responsibility to evaluate the condition of my child's health in relation to the demands of this camp. If uncertain, I will consult with a family physician. Further, I understand that Edgewood Academy does not provide health insurance for camp participants and that I am responsible for obtaining adequate insurance for the eventuality of any injury or illness to my child as a result of this camp.

I hereby certify that I am the parent or legal guardian of _____, and suffering under no legal disabilities, and that I have read the above carefully before signing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 2018.

Parent Signature _____

Participants Name _____

Emergency Contact _____

Emergency Contact _____