



**TAKES ON**



Followed by a

# SOFTBALL SKILLS CAMP

With their Coaches and College Softball Players

\*\*\*open to any and all entrants that are age 7-18\*\*\*

**Date:** 9<sup>th</sup> October, 2011    **Location:** Northwest Florida State College Softball Complex

**GAME Time:** 12:00

**CAMP Time:** 2:00 – 4:00

Cost: \$25.00 (in advance \$30 day of camp)

Fundamentals That Will Be Covered:

**THROWING**

**CATCHING**

**HITTING**

**DEFENSE**

**PITCHING\***

\*must provide a catcher

Send this registration form and a \$25 fee to: Coach Jack Byerley    100 College Boulevard Niceville, FL 32578  
Fax: 850-729-5243

**Please make the check payable to Amber Howard.** For more info, call Coach Byerley: 729-5262

### Camper Information

(Please print all information)

Years Playing Softball: \_\_\_\_\_

Grade Level in 2011: \_\_\_\_\_ Age: \_\_\_\_\_

### Camper Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers

(H): \_\_\_\_\_ (W): \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

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

### Wavier Statement/ Medical Coverage

I, the undersigned, certify that I am a parent or legal guardian of \_\_\_\_\_ and grant permission for her to participate in the \_\_\_\_\_ Camper's name

Softball Camp at NWFSC and hereby release and agree to hold harmless the NWFSC, FSU Softball Coaches and the college players, from all liability arising out of injuries sustained by her while participating in softball camp activities. I, the undersigned, understand that NWFSC requires that all students participating be covered by a medical insurance policy providing a minimum of \$25,000 limit for medical expenses.

I, the undersigned, hereby certify that she is covered by medical insurance providing at least \$25,000 for medical expenses. \_\_\_\_\_ is \_\_\_\_\_ Name of Insurance Company

our medical insurance company and will cover her in the event of injury. I, the undersigned, assume full responsibility and liability for any and all expenses connected with an injury and/or illness that is not paid by our insurance company or through military benefits in this child is entitled to military privileges.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date