

Michigan State University
2008 SOFTBALL



SUMMER SOFTBALL DAY CAMP

If becoming the best softball player you can be is important to you, then you must attend Michigan State University's Softball day camp. Campers will learn the fundamental and advanced skills in all areas of the game. Participation will also allow our staff to evaluate and work with those players who are serious about the possibility of playing for MSU.

DAY CAMP – JULY 7-10, 2008

Camp begins on Monday with Registration at the field between 8 and 9:30 am. Day one of camp will begin at 10 am on Monday. Camp will end on Thursday, July 10th at 12:00 noon. Camp will end on Monday-Wednesday at 4:00 pm.

LOCATION

Michigan State University's Old College Field and the new Indoor Hitting and Pitching Building. Both are located behind Jenison Field House off of Kalamazoo Street. Parents may drop campers off at the Jenison Field House lot behind the building. Parking is at IM West Lot. There is NO parking at the fields.

COST - \$250.00

EQUIPMENT/ATTIRE

Campers must bring a glove, tennis shoes, softball cleats, shorts, T-shirts, and sweat pants. Bring your own bat and catching gear if available.

MEALS

There will be no meals provided. Campers must bring their own sack lunch each day.

SAMPLE SCHEDULE

9:00 am – Warm up/ Stretching

9:30 – 11:45 am

Fundamentals/Skills, Drills

11:45 – 1:00 pm – Lunch Break

1-4:00 pm – Positional Play/Hitting

Parents must pick up those campers who are not driving at 4:00 pm from the field.

MEDICAL POLICY

Each participant should have her own medical insurance. Our insurance form must be completed. A student athletic trainer will be available. Participants are automatically enrolled in MSU's camp insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

REGISTRATION INFORMATION

Complete the brochure and send it in with full payment by check, MasterCard or VISA. Make checks payable to Michigan State University. No applications will be accepted before February 1st. There will be NO walk-in registration (signing up on the day camp begins).

REFUND POLICY

Campers unable to attend camp are entitled to a refund. A \$55 administration fee will be deducted from all refunds, regardless of reason. Refund requests must be submitted in writing PRIOR to the first day of camp. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

CONTACT INFORMATION

Phone: 517/432-9858

www.msuspartans.com then click on Softball.

MEDICAL TREATMENT AUTHORIZATION

Participant's Name _____

Date of Birth _____

Softball Camp July 7-10, 2008

Participants are automatically enrolled in MSU's camp insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary).

2. List any medications currently taking:

In case of an emergency, please contact:

Name _____

Daytime Telephone _____ Evening Telephone _____

Name of Medical Ins. Co. _____ Telephone _____

Insurance Policy Numbers _____

_____, as parent or legal guardian of the participant named above, I do hereby authorize the director of the clinic and her subordinates, to seek any medical and/or surgical treatment which is reasonably thought to be necessary for the care of my child. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize insurance payment directly to the medical facility.

Signature (Parent or Guardian) _____

Date _____

MSU Softball
300 Jenison Field House
Michigan State University
East Lansing, MI 48824-1025

MSU SUMMER SOFTBALL CAMP



Camp Staff:

Jacque Joseph, Head Softball Coach
Kathryn Gleason, Associate Head Coach
Jessica Beech, Assistant Softball Coach

Also assisting will be current MSU players,
players from other colleges and additional
college and high school coaches.

THE SOFTBALL APPLICATION

REGISTER AT WWW.SPORTCAMPS.MSU.EDU

PLEASE PRINT INFORMATION BELOW OR
ENROLL ONLINE

Name

Address

City State Zip

E-Mail

Daytime Telephone (_____)_____

Evening Telephone: (_____)_____

HS Graduation Year Age_____

Shirt Size SM LG X-LG XX-L

US FUNDS ONLY
Please make checks payable to
MICHIGAN STATE UNIVERSITY

Check One: Check Mastercard VISA

Card Number: _____

Signature Exp. Date_____

Amt. of Check/Charge Enclosed_____

Send Application and Medical Treatment
From with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
402 Jenison Field House
East Lansing, MI 48824-1025
Fax: 1-517-355-6891