



**COACHES ATTENDING**



**PREMIER SOFTBALL'S SKILLS & EXPOSURE CAMP**

Open to all players Ages 8 (with experience) to High School Seniors

Athletes aged 12 and under will have the option of half day only.

Location: Heritage Park, Simpsonville (which is considered Greenville)

When: Saturday Jan. 24, 2015

Starts: 9:00am / Ends: 1pm & 5pm / Sign In will begin at 8:00am – Q&A 5-5:30

Camp Cost: Registration is \$165.00 full day & \$130 half day. A late fee will be \$190 & \$145 to those who register after Jan.17<sup>th</sup>. Teams with 8 or more players will receive a discount.....please contact Dana Fusetti at 864-905-5801.

***EACH CAMPER WILL RECEIVE A TSHIRT***

***LUNCH WILL BE OFFERED FOR AN ADDITIONAL COST***

PREMIER SOFTBALL'S WINTER CAMP WILL OFFER PLAYERS AT ALL AGES THE OPPORTUNITY TO LEARN AND FURTHER ENHANCE THEIR GAME FROM TOP COLLEGE COACHES, COLLEGE PLAYERS AND INSTRUCTORS ALIKE. PLAYERS WITH THE GRADUATION YEARS RANGING FROM 2015 – 2020 WILL PARTICIPATE IN MINI SHOWCASE GAMES WITH THE COACHES ROTATING AND OBSERVING ALL TEAMS.

PLAYERS WILL RECEIVE EXTENSIVE PITCHING, CATCHING, HITTING AND FIELDING INSTRUCTION SPECIFIC TO THEIR POSITION.

THE GOAL OF THIS CAMP IS TO GIVE YOU AN ELITE LEVEL OF INSTRUCTION AND ALLOW PLAYERS TO EXPERIENCE FIRST HAND HOW THESE COLLEGE COACHES / PRO PLAYERS TEACH, PRACTICE AND PLAY THE GAME AT THEIR TOP PROGRAMS.

FOR MORE CAMP DETAILS PLEASE CALL 864-283-6588 OR 864-905-5801 YOU MAY ALSO TEXT.

REGISTRATION IS ALSO AVAILABLE ONLINE AT [www.premiersoftballhitting.com](http://www.premiersoftballhitting.com)

PLEASE SEND REGISTRATION & RELEASE FORM ALONG WITH PAYMENT TO PREMIER SOFTBALL HITTING & TRAINING FACILITY AT

546 RUTHERFORD ROAD GREENVILLE, SC 29609

# ***PREMIER SOFTBALL'S WINTER SKILLS & SHOWCASE CAMP 2015***

## REGISTRATION

Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_ Age as of Jan.1<sup>st</sup> \_\_\_\_\_

Position(s) Played: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ GPA: \_\_\_\_\_

Travel Ball Team Currently Playing for: \_\_\_\_\_ SAT/ACT: \_\_\_\_\_

TB Coaches Name: \_\_\_\_\_ TBC's Email: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Registration \$165 Full Day /\$130 Half Day (12&under only) –

Cash: \_\_\_\_\_ Chk. \_\_\_\_\_ #: \_\_\_\_\_ Money Order: \_\_\_\_\_ After 1/17/15 - \$190 & \$145

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

How did you hear about the camp? \_\_\_\_\_

Name of High School: \_\_\_\_\_ Send To: 546 Rutherford Rd. Greenville, SC 29609

TShirt Size: ADULT: XS SM MED LG XL / YOUTH: SM MED LG



## PARENTAL CONSENT FORM

All areas of this form must be completed prior to camp participation

This completed form will enable Premier Softball Hitting & Training Facility and it's College's staff to provide prompt care to your minor daughter.

Camper's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Allergic Reactions: (Drugs, food, asthma, etc)                      YES – NO (Please circle)

If yes, please describe: \_\_\_\_\_

Medications: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

### **In Case of Emergency**

Father-Home Phone: \_\_\_\_\_ Father-Work Phone: \_\_\_\_\_

Mother-Home Phone: \_\_\_\_\_ Mother-Work Phone: \_\_\_\_\_

Other Emergency Number (List person to contact): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Any additional instructions regarding your insurance: \_\_\_\_\_

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and as guardian(s) of (Camper's Name) \_\_\_\_\_ understand that Softball is an active, physical sport, and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or instructors, and that our child can't receive individualized attention and supervision all the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in Softball and camp activities.

I/We represent that I/We have sought the opinion of our child's pediatrician, (Name of Camper's Physician) \_\_\_\_\_ and they concur that, (Camper's Name) \_\_\_\_\_ is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/We are confident that she is able to engage in such sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Premier Softball Hitting & Training Facility, its staff, officers, agents, employees, representative, successors, and assignor from all rights, responsibilities and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

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