Shelton Softball Elite Camp

The camp will take place from 1:00 PM-4:00 PM each day at the SSCC softball complex on the Martin Campus. This three-day camp will give prospective student athletes the opportunity to showcase their skills in hitting, fielding, throwing, base running and advanced softball skills. (No pitching at this camp).

Each prospective student athlete should bring glove, cleats, bat, helmet, and running shoes. Sliding shorts, softball pants, and long socks are encouraged.

Please fill out and sign the following medical release and registration form. The cost of the camp is $75.00 the day of registration. Checks should be made payable to Shelton Softball.

REGISTRATION FORM:

CAMPER’S NAME AND CELL #: ____________________________________________

GRADE/GRADUATION DATE: ____________________________________________

HIGH SCHOOL: _________________________________________________________

HIGH SCHOOL COACH AND CONTACT #: ________________________________

TRAVEL TEAM, COACH AND CONTACT #: ________________________________

PRIMARY AND SECONDARY POSITIONS: _________________________________

MEDICAL RELEASE:
I, the undersigned, certify that I am the parent or legal guardian of the camper. I hereby give permission for the camp staff to seek medical attention for the camper in the event of accident, injury, or illness. I will be responsible for any and all costs, except for that which is covered by the camp excess medical policy. I, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge the Shelton State softball camp and the college, its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes and actions whatsoever arising out of or related to any loss, injury, or property damage that may be sustained or occur while participating in the camp. If any provision of this waiver shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this waiver and shall not affect the validity and enforceability of any remaining provisions.

Parent/Guardian Signature: ____________________________________________

Printed Name and Cell Number: _______________________________________

Please contact head softball coach Buddy Boyle with any questions.

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