



SOFTBALL

SUMMER CAMP

WHO: Grades 2nd - 8th grade (Girls)

WHEN: June 11th - 13th, Tues - Thurs 9AM -12:00 NOON

WHERE:

Teurlings Catholic High School Softball Field

100 Denver Circle, Lafayette, LA 70501 (address for field)

FOCUS:

- Fundamental teaching for: throwing, fielding, hitting
- Campers will receive instruction for drills to improve upon skills for years to come

ADDITIONAL CAMP INFORMATION:

- Campers are asked to bring a bat, glove, cleats and hydration
- Concessions will be sold

CAMP INSTRUCTORS:

Host - Lauren D. Carrigee (TCHS Head Softball Coach)

Instructors - TCHS Softball Team

CAMP REGISTRATION: \$100 (includes camp t-shirt)

Multi Camper Discount - \$10 off each additional sibling

Team Discounts - \$85 with 5 or more team members

Mail registration and payment cash/check
(payable to Lauren D. Carrigee) to:

Lauren D. Carrigee

139 Teurlings Drive, Lafayette, LA 70501

Pre-Registration is preferred

Registration will also be accepted the first day of camp

For more information contact:

Lauren D. Carrigee @ lcarrigee@tchs.net

PLEASE COMPLETE, DETACH, AND RETURN THE FOLLOWING:

Camper's Name: _____ Birth Date: ____/____/____

School (for the 2019-2020 year): _____

Parent/Guardian Emergency Contact Information

Parent's Name: _____

Home Address: _____

Emergency Contact #: _____ Email Address: _____

Allergies, ailments, or medications: _____

T-Shirt size: Youth: S M L Adult: S M L XL

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of the Rebel Sports Camps and its instructors. Recognizing the possibility of physical injury associated with sports and in consideration for the Rebel Sports Camps accepting the registrant for its summer programs and activities, I hereby release, discharge and/or otherwise indemnify the Rebel Sports Camps, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of field and facilities utilized for the program against any claim by or on behalf of the registrant's participation in the Camp and/or being transported to or from the same, which transportation I hereby authorize. I also grant permission for Rebel Sports Camps officials to authorize medical treatment for registrant in the event of any emergency in which I cannot be contacted.

Parent's Signature: _____ Date: _____