



# County of Newberry Recreation

## And

# Mid-Carolina Softball Fundamentals Camp

This camp is for all players regardless of ability. Each camper will receive instruction in the basic fundamentals of throwing, catching, and hitting. There will be demonstrations, drills, practice, and game type situations. Campers will be grouped according to skill level. Campers should bring a WATER BOTTLE and a glove. (Bats are optional) Please dress in clothes that you can move around in.

**WHERE: MID-CAROLINA HIGH SCHOOL SOFTBALL FIELD**

**AGES: 6 – 14 YEARS**

**DATE: July 10 – 12th, 2024**

**TIME: 9:00 am to 11:30 am**

**COST: \$75.00**



Please fill out form and return to MCHS SCHOOL OFFICE (Attn: Coach Long) by June 21, 2024. **YOU NEED TO PRE-REGISTER in order to be guaranteed a shirt. You may also register the morning of camp @ 8:30 AM.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

F/Cell: \_\_\_\_\_ M/Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy/Card # \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Shirt Size (Please Circle): **YS YM YL AS AM AL AXL AXXL**

**PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:**

***In signing up and participating in this camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.***

I acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

**I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.**

I understand photographs of my child's participation in this program may be used by the County of Newberry to promote the County's events without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_