



# Saint Louis University Softball

## 2019 Winter Pitching Camp

Saint Louis University is offering a pitching camp, which includes instruction and drills by the current Billiken team and SLU Softball Coaching Staff. Various pitching drills will be presented, focusing on techniques and competitive skills.

DATE: Saturday, January 19<sup>th</sup>, 2019  
LOCATION: Chaifetz Pavilion on the campus of Saint Louis University  
TIME: 1:00 – 3:00 p.m.  
COST: \$75  
AGES: Open to any and all players grades 6-12

*\*\*Camp size is limited so send in your registration asap\*\**

**Pitchers must bring their own catcher and wear tennis shoes.**

Please contact Assistant Coach Chelsey Carmody at [Chelsey.carmody@slu.edu](mailto:Chelsey.carmody@slu.edu) with any questions.

**Check Payable to: Christy Connoyer Softball Camps**

**Please send: registration, release/waiver form,  
medical form, copy of insurance and payment to:**

Chelsey Carmody, Assistant Softball Coach  
Saint Louis University Softball  
3330 Laclede Ave.  
St. Louis, MO 63103

**Registration and payment must be post marked by Saturday, January 12<sup>th</sup>, 2019. Anyone interested in attending camp after the cutoff date please email Chelsey Carmody to check availability.**

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*(You will receive email confirmation upon receipt of your registration, release/waiver form, and payment.)*

Name: \_\_\_\_\_ Year of HS Graduation: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*All Saint Louis University Camps and Clinics are open to any and all entrants,  
and are only limited by number, age, gender, or grade level.***



SAINT LOUIS UNIVERSITY ATHLETIC CAMP  
RELEASE AND WAIVER OF LIABILITY  
SOFTBALL

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that the coach recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his participating in the above named sport. I have advised the coach of any limitations on my child's/ward's activities for medical.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risk and, further, to waive, release, discharge and hold harmless the coach, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not substitute for my primary insurance and provides maximum coverage up to \$5,000 in accordance with the terms of the secondary insurance plan/policy.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

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Date

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Signature of Parent or Legal Guardian

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MEDICAL INFORMATION

CAMPER NAME \_\_\_\_\_ CAMP DATES \_\_\_\_\_

CAMPER ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

MEDICAL HISTORY (To be completed by parents)

- A. Allergy (drugs, food, asthma, etc.) Y \_\_\_\_\_ N \_\_\_\_\_
- B. Pre-Existing injury currently under treatment Y \_\_\_\_\_ N \_\_\_\_\_
- C. Medical conditions currently under treatment Y \_\_\_\_\_ N \_\_\_\_\_
- D. Birth Deformities (one eye, one kidney, etc.) Y \_\_\_\_\_ N \_\_\_\_\_
- E. Fractures or other disability type injuries Y \_\_\_\_\_ N \_\_\_\_\_
- F. Mental disorders or convulsion Y \_\_\_\_\_ N \_\_\_\_\_
- G. Known past illness for more than one week's duration Y \_\_\_\_\_ N \_\_\_\_\_

PLEASE INCLUDE AN EXPLANATION OF ANY QUESTIONS ABOVE ANSWERED "YES".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS OF INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY INFORMATION

Parent or Guardian

(1) \_\_\_\_\_ PHONE(w) \_\_\_\_\_

PHONE(h) \_\_\_\_\_

(2) \_\_\_\_\_ PHONE(w) \_\_\_\_\_

PHONE(h) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

**\* Please attach a front and back copy of your child's insurance card to this form.**