



Saint Louis University Softball

2018 Elite Camp

Saint Louis University is offering an Elite Softball Camp that will feature current Billiken student athletes and the SLU Softball coaching staff. The hitting session will focus on offensive fundamentals and situational hitting. Pitching sessions will focus on fundamental development of pitches. Campers are limited to signing up for one hitting session and one pitching session only per day. (Campers may not sign up for both hitting sessions or both pitching sessions in one day). **Pitchers must bring a catcher or a parent to catch them during pitching sessions.**

LOCATION: Billiken Sports Complex (SLU Softball Field) located next to Chaifetz Arena

AGES: Open to any and all players grades 9-12

Camp size is limited - register ASAP to reserve a spot today

Mark the sessions interested in attending

\$45	Thursday, October 18 th , 2018	5:30-7:00pm	<input type="checkbox"/>	Pitching	OR	<input type="checkbox"/>	Hitting
\$45	Thursday, October 18 th , 2018	7:00-8:30pm	<input type="checkbox"/>	Pitching	OR	<input type="checkbox"/>	Hitting
\$45	Friday, October 19 th , 2018	5:30-7:00pm	<input type="checkbox"/>	Pitching Only			
\$45	Thursday, October 25 th , 2018	5:30-7:00pm	<input type="checkbox"/>	Pitching	OR	<input type="checkbox"/>	Hitting
\$45	Thursday, October 25 th , 2018	7:00-8:30pm	<input type="checkbox"/>	Pitching	OR	<input type="checkbox"/>	Hitting

Hitters should bring cleats and tennis shoes, bat, helmet and pitchers will need a glove, cleats, tennis shoes and someone to catch them. Please direct all questions regarding camp to assistant coach, Chelsey Carmody at Chelsey.carmody@slu.edu

**To register please mail registration forms, payment and copy of insurance card to
Chelsey Carmody, Asst. Softball Coach
3330 Laclede Ave
St. Louis, MO 63103**

Registration must be postmarked by October 13th, if interested in attending after this date please send an email to Coach Carmody to reserve a spot. You will receive a confirmation email upon receipt.

Check Payable to: Christy Connoyer Softball Camps

Registration Form

Name: _____ Year of HS Graduation: _____ Position: _____

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 age, number, 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.

Date

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.**