



# Saint Louis University Softball

## 2018 Summer Camp

Saint Louis University Softball is offering two days of camps this summer. The All Skills camp will include offense, defense and positional instruction by the SLU Softball Coaching Staff and current Billiken team. The second day will consist of advanced sessions in infield, outfield, catching, pitching and hitting. These sessions will be limited to smaller numbers to ensure more in-depth instruction from camp staff.

DATE: Monday, July 16<sup>th</sup> and Tuesday, July 17<sup>th</sup>, 2018  
LOCATION: Billiken Sports Complex (SLU Softball Field) located next to Chaifetz Arena  
AGES: Open to grades 6-12 for 2018-2019 school year

### **All Skills Camp---Monday, July 16th (\$105)**

9:00am – 3:00pm with an hour lunch break from 12:00pm – 1:00pm

### **Advanced Sessions---Tuesday, July 17th (\$45 per session except pitching)**

Infield: 9:00am – 10:30am

Hitting Session I: 10:30am – 12:00pm

Pitching 12:30-2:30pm (**\$50**)

Outfield/Catching: 1:00pm – 2:30pm

Hitting Session II: 2:30pm – 4:00pm

*\*\*Each advanced session limited to 20 campers*

### **Billiken Package (\$220)**

Includes All Skills Camp & infield session  
plus pick the outfield/catching session or the pitching session  
and pick one hitting session

**Important Note:** In order to attend advanced sessions you must attend the all skills camp.

Campers should bring cleats and a pair of tennis shoes, a bat, helmet, and glove. Catchers will need their gear for all skills and advanced sessions. **Pitchers will need to bring a catcher to the advanced session.** Lunch will not be provided. Campers can bring their own lunch, go with a parent/guardian, or staff will take campers to on-site lunch options. If you have any questions, please contact Assistant Coach Chelsey Carmody at: **Chelsey.carmody@slu.edu (preferred)** 314-977-9532

*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.*



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### Registration Form

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

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

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

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

Please mark an "X" by which sessions you want to sign up for:

\$220 Billiken Package (All Skills, Advanced Infield, Advanced Outfield/Catching or Pitching, and 1 Advanced Hitting session)

Select 1 Advanced Hitting Session: \_\_\_\_\_ Hitting I \_\_\_\_\_ Hitting II  
Select Pitching OR Outfield OR Catching: \_\_\_\_\_ Pitching \_\_\_\_\_ Outfield \_\_\_\_\_ Catching  
X All Skills & Infield included in package

\$ \_\_\_\_\_ Pick your Sessions

X All Skills Camp Tuesday 9:00 am-3:00pm \$105  
\_\_\_\_\_ Infield Wednesday 9:00am-10:30am \$45  
\_\_\_\_\_ Hitting I Wednesday 10:30am-12:00pm \$45  
\_\_\_\_\_ Pitching Wednesday 12:30pm-2:30pm \$50  
\_\_\_\_\_ Outfield OR Catching Wednesday 1:00pm-2:30pm \$45  
\_\_\_\_\_ Hitting II Wednesday 2:30pm-4:00pm \$45

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

Please send registration, release/waiver form, medical form, copy of insurance card & payment to:

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

***Forms and payment must be postmarked by July 9<sup>th</sup> – please send an email to Chelsey.carmody@slu.edu if you are inquiring about attending camp after the 9<sup>th</sup>.***

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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.**

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