

2019 SMSU SOFTBALL 4-WEEK CAMPS

CAMP INFORMATION

PITCHING & CATCHING SKILLS ACADEMY

Oct. 27th, Nov. 3rd, Nov. 10th, Nov. 17th

AGE: Grades 4-7

COST: \$100

TIME: 2:00pm-3:00pm

LOCATION: RA FACILITY on SMSU Campus

AGE: Grades 8-12

COST: \$125

TIME: 3:00pm-4:00pm

LOCATION: RA FACILITY on SMSU Campus

HITTING & FIELDING SKILLS ACADEMY

Oct. 27th, Nov. 3rd, Nov. 10th, Nov. 17th

AGE: Grades 4-7

COST: \$100

TIME: 3:00pm-4:00pm

LOCATION: PE GYM on SMSU Campus

AGE: Grades 8-12

COST: \$125

TIME: 2:00pm-3:00pm

LOCATION: PE GYM on SMSU Campus

BUNDLE

Age: Grades 4-7

COST: Both sessions \$150

AGE: Grades 8-12

COST: Both sessions \$200

2019 CAMP REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____

Grade _____ School _____

SESSIONS

PITCHING & CATCHING ACADEMY

GRADES 4-7 COST: \$100

TIME: 2:00pm-3:00pm

GRADES 8-12 COST: \$125

TIME: 3:00pm-4:00Ppm

HITTING & FIELDING ACADEMY

GRADES 4-7 COST: \$100

TIME: 3:00pm-4:00pm

GRADES 8-12 COST: \$125

TIME: 2:00pm-3:00Ppm

BUNDLE SESSIONS

GRADES 4-7 COST: \$100

TIME: 3:00pm-4:00pm

GRADES 8-12 COST: \$125

TIME: 2:00pm-3:00Ppm

I understand the camp directors, instructors, or SMSU will not be held responsible for injuries while the listed student is attending camp. I authorize the directors to secure emergency treatment deemed necessary. The camp directors, instructors or SMSU will not be held responsible for payment of this emergency treatment. Any hospital or doctor fee's that are a result of a camp injury will be the responsibility of the parents or campers guardian. I also acknowledge the student is physically ready for the activity of camp. Athlete's Parent/Guardian hereby grants to Southwest Minnesota State University and its sponsors the worldwide right in perpetuity to use and authorize third parties to use Athlete's name, voice, picture, and likeness in any broadcast, telecast, advertising, promotion, or other account of the Events in any form and for any purpose, without compensation or approval.

Parent or Guardian Signature _____

Date _____

Make Checks To: SMSU Softball

Mail To : Bailey Bouman

1501 State Street

Marshall, MN 56258



What to Bring?

Pitching

-Each pitcher **MUST** bring their own catcher, parent preferred.

-Glove, Tennis Shoes

Catching

-Glove, Tennis Shoes, Catching Gear

Hitting & Fielding

-Bat, Glove, Tennis Shoes, Helmet

Register online at:

www.smsusoftballcamps.com