2018 Yukon Softball Camp

The Yukon High School Softball Camp is organized to provide an opportunity for girls of all ages and skill level! Join the **2010 STATE** **CHAMPIONSHIP COACHES AND PLAYERS** to work on improving your skills and learning the fundamentals of softball. The Yukon Softball Camp will provide instruction for campers of all skill levels in a fun-filled and competitive environment. Emphasis will be on individual skill development as well as all parts of the game and the opportunity to incorporate these skills in game-like situations.

12:30 -2:00 defense skills focus

2:00-3:30-offense skills focus

Camp Date 1st to 8th grade

June 5th-7th

Location:

Yukon High School softball field. If inclement weather, we will move to the hitting facility beside the field.

Cost:

Received on or before May 16th $70.00

Received after June 2nd $75.00

Family: (2 or more) per camper $55.00

Received after June 2nd $60.00

**Registration:**

**Complete registration form and return it with the full fee to:**

**2933 Chapel Hill Rd. Oklahoma City, OK 73120**

**\* Make checks payable to: Heather Shanahan**

**\*Fee is non-refundable after June 2st**

**\*ALL returned checks are subject to an additional $20.00 fee.**

**Campers Name**

**Address**

**Phone Age T-shirt Size (circle one)**

**Y – S Y – M Y – L Y – XL**

**A – S A – M A – L A – XL**

**Position Desired 2nd Position**

**Parents Name**

**Work #’s or cell #’s \_\_\_\_\_\_\_\_**

**Emergency Contact**

**Phone**

**E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# The camp director reserves the right to dismiss anyone for any

**violations during the camp.**

**I authorize my son/daughter to participate in the Yukon Softball**

**Camp. As a parent/guardian, I assume full medical, to include**

**Dental, responsibility for any injuries received during the camp.**

**I agree to release Yukon Public Schools, coaches, and camp**

**workers from any liability with regard to any injury sustained.**

**In case of injury or illness, I authorize medical treatment for my**

**child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my absence.**

**Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**