Leopard Softball Camp



June 22 - 25, 2020

9:00 AM - Noon Incoming Grades K - 9 at LHS Softball Field

CAMP INFORMATION:

- Includes a Camp T-Shirt and Camp Awards!
- Campers need to bring athletic shoes, shorts/pants, t-shirt, glove, bat, sunscreen and towel.
- A licensed athletic trainer will be available during all camp activities.
- The camp will cover all fundamentals of the Leopard offensive and defensive strategies.
- The campers will be put through softball drills to improve their basic fundamentals of softball (Running, Throwing, Infield, Outfield, and Hitting)

CAMP LOCATION:

Lucas Lovejoy High School Softball Field 2350 Estates Parkway, Lucas, TX, 75098

CAMP STAFF:

Head Coach Brittany Lee, Brittany_Lee@lovejoyisd.net, 469-742-8733 Lovejoy Leopard Softball Staff & Former Leopard Softball Players

Please register online at <u>lovejoyleopards.net</u>

Please register online at **lovejoyleopards.net**

If paying by check, please send this registration form and payment to:

Lovejoy ISD Athletic Department, 259 Country Club Road, Allen, TX 75002

Name:							Female:			
				City:				Zip:		
Parent/Guardi	an:									
Phones:										
Email:										
2020-21: Gra	de:	School:								
T-SHIRT SIZE	E (Circle One):	outh-S	Youth-M	Youth-L	Adult-S	Adult-M	Adult-L	Adult-XL	AXXL	
SESSION:	July 22-2	5 9	9:00 AM - N	loon	Incoming	grades K	- 9			
FEE:	\$110 per camper, if registration received before May 8, 2020, \$60 per camper, Lovejoy Employee *Sibling Discount: subtract \$10 per camper, \$100 each.									
	\$120 per campe *Sibling Discour					3, 2020 , \$7	0 per cam	per, Lovejoy	Employe	
*Sibling	Discount is for s	iblings a	nttending a	ny sessioi	of the sa	me camp l	hosted by	the same o	oach!	
	No refunds on o	r after the	e first day o	f each cam	p.					
	Make checks pa	yable to	Lovejoy So	OFTBALL	<u>Camp</u>					
EMERGENCY	CONTACT:									
NAME				RELATIONSHIP			PH	_ PHONE		
, the undersign staff of the care attention to be responsible for neirs, executo employees an person or prop	gned, hereby certify mp to seek, during a given and for the or any and all medians and administrated representative superty which may be any or loss is due to ublications.	y that I ar the camp camper to cal costs ors, waive uccessor e sustaine	n the paren p, the appro o receive m of medical e, release a s and assig ed during pa	opriate med nedical atte attention and and forever n of and fro articipation	ical attention in the not treatmend treatmend discharge on all rights in camp ac	on for the of event of a nt. I, the un the Lovejoy s and claim ctivities or v	camper and coident, in dersigned y Camp Stars for dame while at call	d for the me jury or illnes for ourselve aff, its office ages, injury mp, whether	dical s. I will bes, our rs, agent or loss to	
PRINT NAME	RINT NAME			_ SIGNATURE				DATE		

Amount \$_____ Date Received_

Check #_____

Date Posted_