

WOLVERINE SOFTBALL

2021 Camp

PLAYERS WILL
RECEIVE
INSTRUCTION
ON ALL SKILLS
FROM THE LADY
WOLVERINE
COACHES AND
PLAYERS.

JUNE 7, 8, & 9, 2021

SOFTBALL PLAYERS IN GRADES 3RD THROUGH INCOMING 9TH
GRADES ARE INVITED TO ATTEND THIS SUMMER'S

ALL SKILLS CAMP!

9 AM TO 12 PM * PLEASE ARRIVE BY 8 AM ON MONDAY

CONTACT COACH AMY SCHMALTZ AT AMCLAUGHLIN@CCISD.NET



Grade: _____ Shirt Size: YS YM YL AS AM AL AXL XXL
 Camper's Name: _____ Parent/Guardian Name: _____
 Address: _____ City, State, Zip: _____
 PHONE # _____ Alternate Phone # _____
 Email Address: _____

CASH -or- CHECK #: _____ PAYPAL:



\$100 INCLUDES CAMP SHIRT

[PayPal.Me/amclaughlin14](https://www.paypal.com/payto/amclaughlin14)

Make checks payable to: **Amy Schmaltz McLaughlin**
 Re: Camp

Parent signature required: I hereby give my child permission to participate in the CBHS Softball Camp. The authorization shall waive, release, and absolve the CBHS Softball Camp and its staff members from any and all liability for injury or illness incurred at camp. CBHS Softball Camp is not responsible for lost or stolen equipment at camp. I give the staff permission to act for me according to its best judgment in an emergency. I also certify that the above applicant has physical problems which would impede her participation at the CBHS Softball Camp. All medical expenses due to injury/illness suffered by camper while at camp are the sole responsibility of the parent/guardian of the camper.

Parent/Guardian Printed Name: _____ Date: _____
 Parent/Guardian Signature: _____