

Morehead State University Softball Summer Camp



Tuesday, July 20th & Wednesday, July 21st
For High School Athletes: Ages 13-19, Incoming Freshman-Seniors

Tuesday Sessions:

Offensive Session: 9:00am – 11:00am
Pitching & Catching: Noon – 2:00pm
Infield & Outfield: 3:00pm – 5:00pm

Wednesday Sessions:

Scrimmage Session: 10:00am – 6:00pm

****Scrimmage session limited to first 75 registered athletes (4 teams)****

- Each team will hold:
 - 3 Pitchers, 2 Catchers, 5 Outfielders, 6 Infielders
 - Game times will be (2 games per team):
 - 10am, Noon, 2pm, 4pm
- Question & Answer / Recruiting Talk: Immediately following final game



PLAY LIKE THE EAGLES!!!

www.msueagles.com

Registration Form

Student Name: _____
Age: _____ Date of Birth: _____ Graduation Year: _____
School: _____
Home Phone: _____ Emergency Phone: _____
E-Mail: _____
Home Address: _____
Summer Team: _____ Position(s): _____

I would like to register for the following clinic(s):

__ Offensive Session: \$75.00 __ Infield & Outfield Session: \$75.00
__ Pitching & Catching Session: \$75.00 __ Scrimmage Session: \$100.00
** Two skill sessions: \$125.00 ** Three skill sessions: \$175.00

Release authorization for emergency treatment, waiver of liability, assumption of risk, indemnification

In case of an emergency, I authorize the staff of Morehead State University to obtain whatever medical treatment as deemed necessary for the welfare of the minor child listed below. I understand that the resulting expenses will be my responsibility. I hereby release, waive, and discharge Morehead State University, its officers, employees, and agents, from liability from an and all claims, including negligence, resulting in personal injury, accidents or illness, and property loss arising from participation in the Fall Camp program. I understand that participation in a sports camp carried certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Protective equipment does not prevent all injuries to campers. I voluntarily and knowingly acknowledge, accept and assume these risks. I agree to indemnify and hold harmless Morehead State University, its officers, employees and agents, from any and all claims arising out of any injury, whether the result of negligence or any other cause. I understand that Morehead State University retains the right to use photographs taken at any sports camp for publicity and advertising purposes.

Date: _____
Signature of Parent/Legal Guardian: _____
Insurance Information:
Title: _____ Policy Number: _____

Allison Honkofsky Contact: Email: adhonk01@moreheadstate.edu Phone: (606)783-9517

SEND REGISTRATION AND CHECKS TO:

Morehead State University, Memo: Softball
Softball Office: Holly Bruder
195 Academic-Athletic Center
Morehead, Kentucky 40351

In the event of inclement weather, the camp will be rescheduled for Mid-August