Wayne State College Softball High School Prospect Camp

Oct. 29th Pitching/Catching/Defense 9:00 a.m. – 12:00 p.m.

> Oct. 30th Hitting/Base Running 9:00a.m.-12:00p.m.

Registration @ 8:30am Oct. 29th @8:30am Oct. 30 Wayne State Rec Center Ages: 13-18 years old Cost: \$50per session, \$80 for both sessions. (Includes camp T-shirt)

This camp will help develop the skills needed for pitching/catching/ defense/base running and hitting. The camp is a fast paced skills camp with feedback provided to help prepare for collegiate level softball.



PLACE STAMP HERE





Items to Bring: All Athletes should come dressed for participation. It is recommended that athletes bring, tennis shoes, glove, bat, batting gloves, and water bottle.

For more information: Contact Head Coach Shelli Manson at shmanso1@wsc.edu or 402-375-7522



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Catchers need to bring their own equipment. If a catcher is at the camp solely to catch a pitcher, and does not wish to participate in any other part of the camp, they do not need to register or pay. If they are wanting to do any other part of the camp they need to register and pay.



Wayne State College Softball High School Futures Camp Registration Form

Cost: \$50 per day, \$80 for both days. (NO REFUNDS!!!) Oct. 29th (Pitching/Catching/Defend Oct. 30th (Hitting/Base Running)	se)
Name	
Address	
City	
City State	
Zip	
Phone	
Age	
Email	
Position	
T-Shirt Size Adult: S M L XL <i>(Limit one T-shirt per camp)</i>	

Payment: Check #

WSC Camp Release Form

I do hereby release the Board of Trustees of the Nebraska State Colleges, Wayne State College, the WSC Athletic Camp and all its trustees. officers. administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the WSC Athletic Camp. I hereby authorize the staff of Wavne State College and the WSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I further give my permission for Wayne State College and the WSC Athletic Camp to use, for publicity or advertising purposes, any photographs take of me at the camp.

Participa	int	Date	-
Parent (r	required for	all participants)	Date
Plea	se send reş	gistration form, V	VSC
Can	np Release	Form and check	to:
	Wayne	State College	
	Šoftl	ball Camps	
	R	yan Hix	
	1111	Main Street	
	Wayn	e, NE 68787	
shmar		edu or Register Or	iline:
		scsoftballcamps.c	