



**Delaware Valley Regional High School**

**2017 Summer Softball Camp**

**July 17 – July 20, 8:30 am – Noon**

**Grades 4-9**

Camper's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ School \_\_\_\_\_

Emergency Contact/Phone # \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

T-shirt Size (circle one)      YM    YL    AS    AM    AL    AXL

**4 day camp rate: \$100**

**Early Bird rate: \$15.00 off - payment must be received by June 17<sup>th</sup>: \$85.00 total**

**Sibling Discount - \$20.00 off weekly rate for additional child**

**Mail to: Asa Whitaker**

**19 Senator Stout Road**

**Frenchtown, NJ 08825**

**Any questions?**

**Call Asa Whitaker at 908-399-3668 or**

**email [asawhitaker@dvrhs.k12.nj.us](mailto:asawhitaker@dvrhs.k12.nj.us)**

**PERMISSION TO PARTICIPATE**

It is assumed that the camper is a normal, healthy student and can participate in all regular softball and agility related activities unless stated in writing to the Director prior to the start of the clinic.

Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of protective equipment, and strict observance of rules, injuries are still a possibility. I hereby release, absolve and hold harmless the individuals and sponsors associated with this event from damage resulting from injury incurred by my child while participating in the above mentioned softball clinic. I/We understand that any individual associated with this event assumes no responsibility for injury before, during or after the softball clinic.

I give permission for emergency treatment for injuries sustained in any athletic event, at the place of injury, at the discretion of the attending physician or athletic trainer working under supervision.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Retain for your records:**

Delaware Valley Regional High School 2017 Softball Camp

July 17 – July 20, from 8:30 am – Noon for Grades 4-9

**Rain or shine** (Delaware Valley Softball fields and Gold Gym)

1. Wear appropriate softball clothing (shorts or soft ball pants acceptable)
2. Bring your own equipment (glove, bat, catcher's gear, helmets)
3. Bring a water bottle and a snack for the day
4. Camp will be held rain or shine

If you have any questions or need more information, please contact Asa Whitaker by email

[asawhitaker@dvrhs.k12.nj.us](mailto:asawhitaker@dvrhs.k12.nj.us) or call him at 908-399-3668.