

SOFTBALL CAMPS



JR. HIGH ALL SKILLS SOFTBALL CAMP JUNE 10-12, 2019 • GRADES 5-8

GRADES: Open to any and all girls entering grades 5-8 in fall, 2019.

RESIDENT CAMPERS: All resident campers will reside and eat in an air-conditioned residence hall with camp coaches.

ATTENTION COMMUTER CAMPERS: Commuters will need to be at camp at 9:00 am daily and will be dismissed at 8:00 pm. Breakfast will not be provided to commuter campers.

If you choose, you may purchase breakfast at residence halls or in other campus facilities.

REGISTRATION FOR RESIDENT/COMMUTER CAMPERS: Monday, June 10, 2019 between 11:30 am-12:00 pm in **MCKINNEY HALL**.

CAMP COSTS: Resident - \$200.00; Commuter - \$150.00 (no breakfast).

CAMP DEPARTURE: at 12:00 pm on June 12, 2019.

HIGH SCHOOL/JC SOFTBALL CAMP JUNE 17-19, 2019 • GRADES 9-12/JC

GRADES: Open to any and all girls entering grades 9-12 and junior college in fall, 2019.

RESIDENT CAMPERS: All resident campers will reside and eat in an air-conditioned residence hall with camp coaches.

ATTENTION COMMUTER CAMPERS: Commuters will need to be at camp at 9:00 am daily and will be dismissed at 8:00 pm. Breakfast will not be provided to commuter campers.

If you choose, you may purchase breakfast at residence halls or in other campus facilities.

REGISTRATION FOR RESIDENT/COMMUTER CAMPERS: Monday, June 17, 2019 between 12:00-12:30 pm in **MCKINNEY HALL**.

CAMP COSTS: Resident - \$250.00; Commuter - \$200.00 (no breakfast).

CAMP DEPARTURE: at 12:00 pm on June 19, 2019.

2019 Softball Camp Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: _____

ADDRESS: _____ CITY / STATE / ZIP: _____

HOME PHONE: (____) _____ EMAIL: _____

SCHOOL ATTENDING: _____ GRADE IN FALL, 2019: _____

SHIRT SIZE: _____ TRAVEL BALL TEAM: _____

POS. #1: _____ POS. #2: _____

PARENT/GUARDIAN SIGNATURE

JUNE 10-12, 2019: JUNIOR HIGH - ALL SKILLS SOFTBALL CAMP - GR. 5-8

RESIDENTIAL - \$200.00 COMMUTER (no breakfast) - \$150.00 (code ... SBJH)

JUNE 17-19, 2019: HIGH SCHOOL/JC - ALL SKILLS SOFTBALL CAMP - GR. 9-12

RESIDENTIAL - \$250.00 COMMUTER (no breakfast) - \$200.00 (code ... SBHS)

PLEASE RETURN THIS REGISTRATION FORM TO: 2019 SOFTBALL CAMPS

600 LINCOLN AVE., CHARLESTON, IL 61920

MAKE CHECKS PAYABLE TO: EASTERN ILLINOIS UNIVERSITY

or REGISTER ONLINE AT WWW.EIUPANTHERS.COM

HEALTH & CONSENT FORM

This medical treatment and billing authorization form **MUST** be completed and **SIGNED** by the parent to enable the camper to participate.

Camp Attending _____ Camp Code: _____

Camper Name _____ Age _____ Gender _____

Address _____

City / State / Zip _____

EMERGENCY CONTACT INFORMATION

Parent / Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

HEALTH INFORMATION

Does camper have a history of:

____ Convulsions ____ Heart Defect/Murmur ____ Asthma ____ Chicken Pox

____ Diabetes ____ Bleeding Disorder ____ Surgery (past 2 years) ____ Mumps

Brief description of items checked _____

Medications: Type, dosage and frequency (list) _____

Allergies: (medications, foods, stings, other) _____

INSURANCE INFORMATION

EASTERN ILLINOIS UNIVERSITY REQUIRES that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

Insurance Carrier Name _____

Carrier Address/Phone _____

Policy / Group Number _____

AUTHORIZATION FOR TREATMENT: I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) _____ Date _____

Athletes must come to the Panther Camps physically sound. No preventative taping will be administered for injuries received prior to camp.

HEALTH and INSURANCE: Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at www.EIUPanthers.com. This form must be completely filled out, signed and returned to us, along with registration.

Questions? Call Coach Carly Willert at 217.581.2093 or cawillert@eiu.edu