

# Bemidji State University Beavers Softball Skills Camp 2018



## Saturday, February 10<sup>th</sup> 2 Sessions High School (14-18 yrs of age)

Session 1: Pitchers & Catchers 12:00-1:30 pm

Session 2: Hitting & Fielding 2:00-4:00 pm

## Sunday, February, 11<sup>th</sup> 2 sessions Youth (8-13 yrs of age)

Session 1: Pitchers & Catchers 11:00-12:30 pm

Session 2: Hitting & Fielding 1:00-3:00 pm

You are invited to participate in our Beaver Softball Skills Camp. Instruction involving fundamentals, skills and drills will be provided by the BSU softball coaching staff and players in the John Glas Fieldhouse on the BSU Campus. Camp will be divided up into position specific sessions such as pitching/catching, fielding and hitting. Our hitting analysis software will be available to provide visual feedback on your hitting technique.

**Information:** Advanced registration is appreciated.

Please register by **Monday, February 5<sup>th</sup>, 2018.**

**Cost for Session:** \$30.00 or \$50.00 for **both** sessions, includes one camp t-shirt if you register by the deadline. Walk-up registrations are welcome but not guaranteed a t-shirt. Cash and Checks Accepted

**What to bring:** Please bring softball equipment such as: glove, tennis shoes, bat, helmet, catcher's gear etc.

**Contact:** Head Coach Rick Supinski at 218-755-2072 or at [RSupinski@bemidjistate.edu](mailto:RSupinski@bemidjistate.edu) with any questions.

**Make Checks Payable to:** BSU Softball

**Send to:** BSU Softball

Physical Education Complex, #29,

Bemidji State University

1500 Birchmont Drive NE

Bemidji, MN 56601

# **BSU Softball Skills Camp Registration Form**

(Please fill out attached registration form and send with check to BSU Softball at Physical Education Complex, #29, Bemidji State University, 1500 Birchmont Drive NE, Bemidji, MN 56601

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Grad Yr: \_\_\_\_\_ Age: \_\_\_\_\_

Summer/Club Team: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper Email: \_\_\_\_\_

Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_

I am attending: (please check all that apply) \_\_\_\_\_ February 10<sup>th</sup> at 12 am \_\_\_\_\_ February 10<sup>th</sup> at 2 pm  
\_\_\_\_\_ February 11<sup>th</sup> at 11 am \_\_\_\_\_ February 11<sup>th</sup> at 1 pm

T-shirt Size: (circle one) Youth small Youth Medium Youth Large  
Adult Small Adult Medium Adult Large Adult X-Large

Amount enclosed: \_\_\_\_\_

## **BSU Athletic Consent for Participation and Medical Information**

I understand that Bemidji State University and the softball team does not provide medical insurance for the clinic participants. Bemidji State University Camp Directors and Instructors will not be held responsible for injuries or loss of property while my daughter/grandchild or child under my care is attending the clinic. I hereby release Bemidji State University, its officers, agents, student athletes and employees from any and all liability, including claims and suits in law or equity for any injury, fatal or otherwise. I will be responsible for all medical or hospital expenses for my daughter/grandchild or child under my care while attending the camp and authorize Bemidji State University to act for me should a medical emergency arise.

In case of emergency, contact: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

Medical Issues that camp instructors should be aware of \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature: (required)

\_\_\_\_\_  
Parent/Guardian Name (print):