

BEMIDJI STATE BEAVERS



4TH ANNUAL SKILLS SOFTBALL CAMP

High School (14-18 yrs):
Saturday, February 14th 3-6 P.M.

Youth (10-13 yrs):
Sunday, February 15th 12-3 P.M.

\$30.00 per player

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.

Players Name: _____ Age: _____ Parents' Name: _____

Address: _____

Cell Number: () _____ Phone Number: () _____ Email Address: _____

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. Please contact Coach Supinski at 218-755-2070 or Diane Blommel at 218-755-4621

Any Known Allergies: _____

Parent/ Guardian Signature (required): _____

Checks and cash are accepted: checks payable to "BSU Softball"

Sign up at the door or mail in registration form to:

BSU Softball
Physical Education Complex, #29
Bemidji State University
1500 Birchmont Drive NE, Bemidji MN 56601