

# **Becky Clark Softball Preseason Combo Camp**

**January 10-12, 2020**

**Grades 6-12+**

## **Instruction**

Campers will receive instruction in hitting, defensive position work, base running, pitching/catching, and components of strength/conditioning from South Alabama coaching staff and players. Games will also be played on South Alabama's Jaguar Field. Separate small group pitching and hitting will be offered Friday night and Sunday morning as well.

## **Camp Staff**

The South Alabama Coaching Staff will serve as lead instructors for the camp. The USA Softball Team will assist with instruction throughout the camp.

**\*\*LATE FEE – There is a \$20 late for any registration after January 3rd.**

**\*\* NO WALKUPS \*\***

## **What to bring:**

Glove, Tennis Shoes, Cleats, Bat, and any other Practice Gear you may need.

## **Lunch:**

Lunch will not be provided.

## **Cost per Session**

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Pitching Camp - \$50.00

Hitting Camp - \$75.00

Preseason Camp - \$130.00

**\*Sign up for more than one and receive a one-time \$10.00 discount.**

For more information and registration forms go to [www.usajaguars.com](http://www.usajaguars.com) and click on the "Camps and Clinics" link, or contact Meredith Tanner, [beckyclarksoftballcamp@gmail.com](mailto:beckyclarksoftballcamp@gmail.com) - 251-461-1342.

*All camps are open to any and all entrants. (Limit only by number, age, grade level and/or gender)*

# *Camp Schedule*

## **Advanced Pitching Camp – Friday - January 10, 2020**

**Space limited to 3 campers per session.** Please check the session that you would like to attend. Each pitcher must provide a catcher.

CHECK IN: 20 minutes before start of session  
( ) Session 1: 4:00 p.m. – 5:15 p.m.  
( ) Session 2: 5:15 p.m. – 6:30 p.m.  
( ) Session 3: 6:30 p.m. – 7:45 p.m.

## **Advanced Hitting Camp – Friday – January 10, 2020**

**Space limited to 20 hitters per session.**

CHECK IN: 20 minutes before start of session  
( ) Session 1: 6:00 p.m. – 8:00 p.m.

## **Preseason Elite Camp – Saturday - January 11, 2020**

This camp will involve all aspects of the game including hitting, pitching, base running, and defense. Campers will also play games on Jaguar Field. **Space limited to 60 campers.**

CHECK IN: 30 minutes before start of session  
( ) PreSeason Camp 9:00 a.m. – 5:00 p.m.

## **Advanced Pitching Camp – Sunday - January 12, 2020**

**Space limited to 3 campers per session.** Please check session that you would like to attend. Each pitcher must provide a catcher.

CHECK IN: 20 minutes before start of session  
( ) Session 1: 9:00 a.m. – 10:15 a.m.  
( ) Session 2: 10:15 a.m. – 11:30 a.m.

## **Advanced Hitting Camp – Sunday – January 12, 2020**

**Space limited to 20 hitters per session.**

CHECK IN: 20 minutes before start of session  
( ) Session 1: 10:00 a.m. – 12:00 p.m.

# 2020 Preseason Camp Application

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grad Year \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Email (print clearly) \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
School \_\_\_\_\_ Positions (1<sup>st</sup> & 2<sup>nd</sup>) \_\_\_\_\_  
Summer/Travel Team: \_\_\_\_\_ Coach: \_\_\_\_\_  
T-shirt size: \_\_\_\_\_ **(T-Shirts for Saturday Camp Only)**

**Make check payable to: *Becky Clark LLC***

## **Registration:**

Campers will receive confirmation via email listed above after receipt of the following:

- Completed Application
- Emergency Medical Form
- Release from Liability Form
- Payment

Call or email questions to:

Meredith Tanner  
251-461-1342  
[beckyclarksoftballcamp@gmail.com](mailto:beckyclarksoftballcamp@gmail.com)

**GPS Address for Jaguar Field:**

**6080 Old Shell Rd  
Mobile, AL 36688**

CH# \_\_\_\_\_ C \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION FORM

**CAMPER NAME:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City State/Zip Code \_\_\_\_\_  
AGE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_ SCHOOL \_\_\_\_\_

### PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS

NAME: \_\_\_\_\_ Relationship \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City State/Zip Code \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City State/Zip Code \_\_\_\_\_

### HEALTH INFORMATION STATEMENT

Check below any information you feel the staff may need to maximize the safety and the well being of the camper. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

- ☐ Mental or emotional health issue  
☐ Seizure disorder  
☐ Lung Disease (asthma, persistent cough, tuberculosis)  
☐ Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure  
☐ Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever)  
☐ Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)  
☐ Arthritis, Diabetes, Kidney or Bladder Disease  
☐ Hay Fever or Allergies  
☐ Impaired Sight or Hearing, Chronic Ear Infections  
☐ Recent Surgical Operations, Accidents or Injuries  
☐ Any Current Infectious Disease  
☐ Any Current Skin Disease  
☐ Allergy to Foods  
☐ Do You Wear Glasses? Yes ☐ No ☐ Sometimes ☐  
☐ Do You Wear Contact Lenses? Yes ☐ No ☐  
☐ Date of last TETANUS BOOSTER  
☐ Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) \_\_\_\_  
☐ Any other current health related issues?

*Please note: All medications that accompany the camper to camp will be given to the Athletic Trainer.*

*The Trainer will dispense the medication in accordance with the directions provided by the camper.*

*All authorized over-the-counter and prescription medication should be listed on this form.*

- ☐ Allergy to Medicines (including penicillin, tetanus)  
☐ Medication that needs refrigeration  
☐ Medicines currently taken by camper, including non-prescription or over-the-counter medications (list names, doses, times)  
☐ Under on-going care of a Physician (NAME AND PHONE #) for chronic or recurring problem

**Doctor's Name** \_\_\_\_\_ **Clinic/Hospital** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Health Insurance Provider Name** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is primary coverage for those expenses.

The University of South Alabama carries accident insurance that is secondary coverage in the event of an injury.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian)

*This form will be shredded after the camp is over*

## RELEASE FROM LIABILITY

To be completed by a participant under 19 years of age and participant's parent or guardian. The participant and parent or guardian must sign in the presence of two (2) witnesses.

### TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my daughter, \_\_\_\_\_ has the opportunity to participate in the Becky Clark Softball LLC / University of South Alabama Softball Camp to be held at the University of South Alabama.

I understand that travel to and from the Camp is my responsibility over which the University and BCS LLC has no responsibility or control. In the event of inclement weather, camp staff may transport my child to an enclosed facility either on or off the University of South Alabama campus. Further, participation in the Camp is voluntary, and the undersigned are aware of, and agree to abide by the rules and regulations of the camp. In consideration for the BCS LLC and the University of South Alabama permitting my child the opportunity to participate in this activity, I, in full recognition and appreciation of any risks, hazards or dangers inherent in this activity to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activity, with the full knowledge and understanding that transportation to and from the program is not the responsibility of the BCS LLC and the University of South Alabama. Further, I do myself agree to hold harmless and indemnify, release and further discharge the BCS LLC and the University of South Alabama, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of the BCS LLC and the University of South Alabama, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in this activity including risks in physical activities that will include swimming under supervision of a lifeguard. My child is physically able to participate in such activities. I understand that BCS LLC and the University of South Alabama and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed on this day: \_\_\_\_\_ 2020.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\*BCS LLC – also known as Becky Clark Softball LLC