

**2012  
LEE HS SOFTBALL CAMP**

**Dates: January 8, 15, 22, 29  
Where: Lee HS Gym  
For ages: 7-18 yrs**

**General Skills:  
Session I: Ages 13-18 yrs 11:00-1:00 pm  
Session II: Ages 7-12 yrs 3:00-5:00 pm  
Cost: \$60**

**Pitching/Catching Session 1:30-2:30 pm  
Cost: \$30**

**Registering for session 1 or 2 AND the pitching/catching session the cost is \$80**

Players will be grouped by age/skill level when appropriate. Please meet in the gym lobby and for inclement weather updates go to [www.lancersathletics.org](http://www.lancersathletics.org). Don't forget to bring your bat, helmet, glove, tennis shoes. Catchers should bring their own equipment if they have some and pitchers should be prepared to have someone catch for them as well.

Please make checks payable to "Lee Sports Boosters". Mail completed registration form and payment to:

Lee Sports Boosters, c/o Tammi Hollowood  
7610 Woodstown Drive Springfield VA 22153.

For more information about the camp please contact Coach Suzy Willemsen at [suzy@suzywillemsen.org](mailto:suzy@suzywillemsen.org) or 703-978-3166.

Keep this portion for your records

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I will be attending:

Session I \_\_\_ 13-18 yrs 11:00-1:00pm      Session II \_\_\_ 7-12 yrs 3:00-5:00 pm      Cost : \$60

Sessions I or II plus P/C session \_\_\_ Cost: \$80      I am a pitcher / catcher (please circle)

Pitcher/Catcher only 1:30-2:30 pm \_\_\_ Cost: \$30      I am a pitcher / catcher (please circle)

Total Cost: \_\_\_\_\_      T-shirt size: YM   YL   S   M   L   XL

Name: \_\_\_\_\_ Age \_\_\_      Skill Level:   Beg   Int   Adv

Birth Date: \_\_\_\_\_      School: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Tel. # \_\_\_\_\_      Cell # \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's e-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_      Tel. # \_\_\_\_\_

Insurance Co. \_\_\_\_\_      Policy # \_\_\_\_\_

I hereby authorize the staff at the Lee HS Softball Camp to use their best judgment in any emergency requiring the use of local emergency facilities. I also certify that my child is physically able to participate in all activities. I assume all risks associated with participating in the program, including but not limited to falls, contact with other participants, and the effects of weather. I also fully understand that the Lee HS Softball Camp does not provide medical insurance. Registration requires that a parent/guardian sign below, agreeing that in the case of an accident involving your child while attending the camp, he/she releases the camp, sponsor, counselors, and directors from any and all liability. We will attempt to reschedule if inclement weather occurs, but we cannot guarantee the availability of the facility. We are unable to provide refunds because the funds are used to purchase t-shirts, equipment and supplies for the camp when your check is received.

Parent's Signature: \_\_\_\_\_      Date: \_\_\_\_\_