2017 CATHOLIC UNIVERSITY SOFTBALLPROSPECT CAMP

**WHO:** ALL HS Student- Athletes striving to take their game to the next level of college softball

**LOCATION:** The Catholic University of America’s Softball Field

**DATE AND TIME:** Saturday, September 16th, 2017 11:00 AM to 3:00 PM

**RAIN DATE:** Sunday, September 17th, 2017 11:00 AM to 3:00 PM

**COST:** $100.00

**CAMP DIRECTOR:** Bruce McConkey, Head Softball Coach

**CAMP STAFF:** Assistant Catholic University Coaches and Current Players

**PROSPECT CAMP:** Participants will be evaluated in key skill areas including: arm strength, hitting, pitching, catching, throwing and fielding ability during instructional drill sessions. We will also discuss the recruiting process and provide feedback to prospective student- athletes. **Lunch and a CUA softball t-shirt will be provided.**

If you are a 2018 recruit and are interested in scheduling an official overnight visit, please contact Coach Tori Marcavage at [02marcavage@cua.edu](mailto:02marcavage@cua.edu).

**PERSONAL EQUIPMENT:** All players should clearly mark their personal equipment in advance of attending the camp and must provide their own softball glove, cleats, gym shoes, gym bag, and should wear any protective gear they deem necessary. Bats and helmets will be provided or you may bring your own. Catchers must bring their own equipment. In case of rain, some of the instructional program may be held inside the DuFour Athletic Center.

**Please Note: BLACK-SOLED SHOES, CLEATS, AND TURF SHOES WILL NOT BE PERMITTED IN THE GYM, ONLY TENNIS OR BASKETBALL SHOES!**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_ GRADUATION YEAR:\_\_\_\_\_\_

CELL PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT HS: \_\_\_\_\_\_\_\_\_\_\_\_

SAT SCORE (by section and total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACT: \_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_

PRIMARY POSITION (only list 1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECONDARY POSTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

BATS (Left or Right): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THROWS (Left or Right): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE EMAIL THE COMPLETED FORM BACK TO COACH TORI MARCAVAGE AT** [**02marcavage@cua.edu**](mailto:02marcavage@cua.edu)**.**

**PLEASE MAKES ALL CHECKS PAYABLE TO:**

Catholic University Softball

DuFour Athletic Center

3606 John McCormick Drive NE

Washington, DC 20064

For more information please email Coach Tori Marcavage at [02marcavage@cua.edu](mailto:02marcavage@cua.edu) or visit [www.cuacardinals.com](http://www.cuacardinals.com).

**2017 CUA Softball Prospect Camp at Catholic University**

**CAMP WAIVER INFORMATION FORM**

**EMERGENCY MEDICAL, INSURANCE AND PARENT AUTHORIZATION AND GENERAL RELEASE FROM LIABILITY**

In order to participate in the camp**,** each participant must complete the following information and submit in advance of attendance or bring a completed version of this form to your selected camp for submittal at camp registration and check-in at the Catholic University DuFour Athletic Center.

**RELEASE OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, assume the risks of personal injury and/or property damage in participating in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Camp) at The Catholic University of America (“CUA”). I understand that any violation of Camp rules may result in termination of my attendance in the program without refund.

I hereby release any and all rights for claims and damages I may have against the Camp and its agents, officers, or employees. I also release any and all rights for claims and damages against CUA, its trustees, officers, employees and agents, including faculty, staff members and supervisors. I will not hold the Camp or CUA responsible for injury or damages arising from my participation in this Program unless it is due to negligence on the part of the Camp or CUA.

I am fully qualified to meet the physical requirements necessary to participate in this program.

**Signature of Camper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Camper**  **Address of Camper**

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Phone #** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian if the camper is not 18 years of age

**Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONS TO CONTACT IN EVENT OF EMERGENCY**

(1) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insurance Company

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please also attach a copy of the camper’s Health insurance card.**