

Medical Insurance Company Name and Policy No:

\_\_\_\_\_

Home Phone No: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_

(If parents can not be reached)

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

Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Contact Lenses: \_\_\_\_\_

Last Tetanus Shot or Booster: \_\_\_\_\_

List of Medications Currently Taking:

\_\_\_\_\_

I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at the Benedictine University Softball Clinic to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he or she may deem necessary.

It is understood that, in any event, an attempt will be made to contact the parent before treatment is started.

I, the undersigned parent or guardian, also certify that my child is physically fit to attend the Benedictine University Softball Clinic and participate in all activities.

I also understand that my child may be photographed or videotaped while at Benedictine University. I give permission for photos or video of my child to be used to promote Benedictine University and that such photos and video will be the property of Benedictine University.

\_\_\_\_\_  
Parent or Guardian Signature  
Benedictine University

\_\_\_\_\_  
Date

 Benedictine University®

5700 College Road  
Lisle, IL 60532

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UNIVERSITY

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 Benedictine University®

# 2010 Pre-Season Softball Camp



**Dates: Friday,  
January 22, 2010**

**Time: 6:30 - 8:30 p.m.**

**For Girls Ages 7-17**



**Benedictine University  
Athletics  
(630) 829-6140**

# Benedictine University Pre-Season Softball Camp

Player's Names:

1) \_\_\_\_\_ Age: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

2) \_\_\_\_\_ Age: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost is \$35 per camper. Please make check payable to Benedictine University.  
For more information, please contact the softball office at (630) 829-6149.

Return to: Benedictine University Softball • 5700 College Road • Lisle, Illinois 60532

## OUTSTANDING FACILITIES

The clinic will be held in the spacious Dan and Ada Rice Center located on Benedictine University's campus. The fieldhouse will have six hitting stations, two pitching stations and four defensive stations.



## EQUIPMENT

Campers should bring a softball glove and wear gym shoes. Campers can bring their own bats if they wish, but we will provide bats. Please have the camper's name clearly labeled on any equipment they bring. Benedictine University is not responsible for lost or stolen items.

## ENROLLMENT INFORMATION

To enroll, please return the attached registration form, medical form and a non-refundable check to the address listed on the form.

*This clinic is held as a fundraiser for the Benedictine University softball team.*

## Work with University Coaches and Players!

### GOALS OF THE CLINIC

This clinic is designed to instill young players with the fundamentals of softball. Players will receive individual instruction from Benedictine University softball players in the areas of pitching, hitting, defense and base running.

### EXPERIENCED STAFF

Benedictine University's softball coach Kate Enochs-Keller will head the clinic coaching staff. During 11 seasons under Enochs-Keller, Benedictine University has won four conference championships and received three bids to the NCAA Tournament. The rest of the staff consists of Benedictine's assistant coaches and varsity players.

### CAMP FACTS

Age group: 7 - 17

#### Dates:

Friday, January 22  
from 6:30-8:30 p.m.

#### Fees:

\$35 per camper

Please make checks payable to Benedictine University

