

21st Annual Jami Lind/FCCJ Summer Softball Camp
June 9-12, 2008
Girls Ages 6-15

GENERAL INFORMATION

FAST PITCH CAMP - Pitching, fielding, catching, bunting, hitting, base running, sliding and defensive strategies will be taught. Coaches will be welcome to watch any of the camp and we will try to answer all questions.

FACILITIES

The softball field at North Campus will be the campsite. Also available will be our tunnel cage and indoor practice facility with roll out batting cages and a turf floor. Campers can bring lunch and drinks, or we will have concessions available. Campers will not be allowed to leave for lunch, unless with a parent.

FEES

A \$185.00 fee will cover the cost of instruction, a camp T-shirt and awards. For a \$200.00 registration fee the camper will get a lunch pass and can choose a hotdog or hamburger plate each day for lunch, in addition to instruction, a camp T-shirt and awards. The fee must accompany the registration form. Checks should be made to the FCCJ Star Club. Mail application to:

Jami Lind
FCCJ North Campus
4501 Capper Road
Jacksonville, Florida 32218
Phone (904) 766-6795, Fax (904) 766-6666
E-mail: jfriedma@fccj.edu

The application and registration fees should be sent in as soon as possible to ensure a place in camp. The last day for registration is Thursday, June 5, 2008. No refunds will be given – only credit towards next year's camp.

TIME

Camp will run from 10 a.m. until 3 p.m., Monday, June 9 through Thursday, June 12, 2008.

EQUIPMENT NEEDS

Each camper should bring a glove and softball shoes as well as tennis shoes to wear in the indoor facility. Catchers should bring their own gear. Players with their own helmets and bats should bring them, but make sure they are clearly marked.

(Please Complete Application Below)

CAMP APPLICATION

Name: _____ T-shirt size (adult): _____

Address: _____ Phone: _____

City/State: _____ Zip: _____

Age: _____ Grade: _____ Positions: _____

School: _____ Coach: _____

Summer team: _____ Coach: _____

Person to contact in case of emergency: _____

Address: _____ Phone: _____

I hereby give my permission for emergency medical treatment, in the event that I cannot be reached.

This also assures camp that my daughter is in good physical condition and may participate in all activities.

Signature _____ Relationship _____ Date _____

- *Please list any allergies, medications, or other physical limitations below*

- *Insurance company* _____ *Policy Number* _____
- *Any other insurance information* _____

Signature _____

*** FCCJ is not responsible for any lost or damaged equipment; campers are responsible for care and maintenance of any gear or equipment they bring.**

Parent Signature _____ Date _____