

# 2011 Yukon Softball Camp

The Yukon High School Softball Camp is organized to provide an opportunity for girls of all ages and skill level! Join the 2010 STATE CHAMPIONSHIP COACHES AND PLAYERS to work on improving your skills and learning the fundamentals of softball.

Date & Times: June 6 - 9 (9:30 – 12:00)  
June 6<sup>th</sup> Defensive Skills Focus  
June 7<sup>th</sup> Offensive Skills Focus  
June 8<sup>th</sup> Pitchers/Catchers/Base running/Offensive Skills  
June 9<sup>th</sup> Defensive Skills/Sliding (bring clothes that can get wet)

**Ages 8-14**

**Location:**

Yukon H.S. fields are located behind Lakeview Middle School on Mustang road. If inclement weather, we will move to the hitting facility beside the fields.

**Cost:**

Received on or before June 2nd	\$70.00
Received after June 2nd	\$80.00
Family: (2 or more) per camper	\$55.00
Received after June 2 <sup>nd</sup>	\$65.00

**Registration:**

Complete registration form and return it with the full fee to:  
3131 SW 89<sup>th</sup> St. #13201, OKC, OK 73159

\* Make checks payable to: Jennifer Leonard

\* Fee is non-refundable after June 1<sup>st</sup>

\* ALL returned checks are subject to an additional \$20.00 fee.

Campers Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size(circle one)

Y – S                  Y – M                  Y – L                  Y – XL

A – S                  A – M                  A – L                  A – XL

Position Desired \_\_\_\_\_ 2<sup>nd</sup> Position \_\_\_\_\_

Parents Name \_\_\_\_\_

Work #'s or cell #'s \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

The camp director reserves the right to dismiss anyone for any violations during the camp.

I authorize my son/daughter to participate in the Yukon Softball Camp. As a parent/guardian, I assume full medical, to include Dental, responsibility for any injuries received during the camp. I agree to release Yukon Public Schools, coaches, and camp workers from any liability with regard to any injury sustained.

In case of injury or illness, I authorize medical treatment for my child \_\_\_\_\_ in my absence.

\_\_\_\_\_  
Parent/Guradian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name