

# KENT STATE UNIVERSITY SOFTBALL TEAM CAMP

## SATURDAY, JANUARY 24, 2009

### FOR 14 U TEAMS

**CAMP STAFF:** Kent State University coaching staff, former and current team members.

**CAMP DIRECTORS:** Kent State Head coach Karen Linder, Assistant coaches, Kim Burke & Amy Densevich

**LOCATION:** The Kent State Field House located on Summit Street beside Dix Stadium.

**TIME:** 9:00 a.m. – 5:00 p.m.

**COST:** \$300/team includes 2 games and 3 instructional sessions: fielding, hitting, bunting/baserunning, team building.  
**The camp is limited to 10 teams.** A \$50 deposit is required to hold a spot.

**CONCESSIONS and T-SHIRTS:** Will be available

**BRING:**

Each team must bring their own coaching staff and equipment however KSU players will be present to help during games. Each team member must have a hold harmless and medical care form. Please bring a clean pair of tennis shoes to wear in the field house. Cleats are not allowed. Parents and spectators should bring a lawn chair as seating is limited.

**INSURANCE:** Kent State University has purchased insurance for each participant that will cover injury over and above the primary insurance coverage. A first aid provider will be on duty. Minor injuries will be treated at Robinson Memorial Hospital. Each participant must have a hold harmless form and a medical care form in order to participate. These forms can be downloaded from the softball camps website at [www.kentstatesports.com](http://www.kentstatesports.com) click on “camps” then click on “softball camps.”

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## KSU 14 U SOFTBALL TEAM CAMP REGISTRATION FORM

Team Name \_\_\_\_\_ Team Manager \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

FOR AVAILABILITY OR QUESTIONS CALL KAREN LINDER AT 330-672-8431

A \$50 DEPOSIT IS REQUIRED TO HOLD A SPOT, THE BALANCE IS DUE BY JAN. 24TH

To pay by credit card please circle: Visa    MC    Discover

Name on card \_\_\_\_\_ Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

Amount: \$50 for balance \_\_\_\_\_ or \$300 for full payment \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO KENT STATE ATHLETICS/SOFTBALL CAMP AND RETURN REGISTRATION FORM TO KENT STATE ATHLETICS/SOFTBALL CAMP, KENT STATE UNIVERSITY FIELD HOUSE, KENT, OH 44242-0001 OR BY FAX AT 330-672-5245.

CONFIRMATION WILL BE EMAILED UPON RECEIPT OF REGISTRATION. THE MEDICAL CARE FORM AND HOLD HARMLESS FORM CAN BE DOWNLOADED FROM [WWW.KENTSTATECAMPS.COM](http://WWW.KENTSTATECAMPS.COM) THEN CLICK “SOFTBALL”.

