

# KENT STATE UNIVERSITY SOFTBALL 14U TEAM CAMP

## SUNDAY, JANUARY 24, 2010

**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 Densovich

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

**TIME:** Each team will be assigned instructional sessions and game times that will take place between 9:00 a.m. – 6:00 p.m.

**COST:** \$300/team includes 2 games and 3 instructional sessions: throwing, position play, hitting, team building.  
**The camp is limited to 10 teams.** A \$50 non-refundable 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 a part of your staff to provide instruction during games.
- Each team member must the KSU Medical 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 KSU Medical form in order to participate. These forms can be downloaded from the softball camps website [www.kentstatesoftballcamps.com](http://www.kentstatesoftballcamps.com).

### KSU SOFTBALL 14U 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 NON\_REFUNDABLE 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 KSU MEDICAL FORM CAN BE DOWNLOADED FROM [www.kentstatesoftballcamps.com](http://www.kentstatesoftballcamps.com).