



# LAWRENCE CENTRAL LADY BEARS

## ADVANCED SUMMER SOFTBALL CAMP

COME AND IMPROVE YOUR SKILLS WITH THE LC SOFTBALL TEAM AND COACHING STAFF. WE WILL WORK ON SOME ADVANCED SKILLS WHILE IMPROVING SOME OF THE BASICS FUNDAMENTAL SKILLS OF SOFTBALL

**WHO:** ALL INCOMING 6<sup>TH</sup> – 9<sup>TH</sup> GRADE SOFTBALL PLAYERS (ANY 6<sup>TH</sup> GRADER, 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE FUTURE BRUINS AND 9<sup>TH</sup> GRADE FUTURE BEARS) WHO ARE INTERESTED IN ENHANCING THEIR SKILLS.

**WHEN:** JUNE 5<sup>TH</sup> – JUNE 8<sup>TH</sup>

**TIME:** 12 PM – 2 PM

**WHERE:** LAWRENCE CENTRAL HIGH SCHOOL SOFTBALL FIELDS

*\*7300 East 56th Street, Indianapolis, IN 46226*

**PRICE:** \$60.00\* *CASH OR CHECKS PAYABLE TO LC SOFTBALL  
(WE WILL PROVIDE FREE CHILD CARE IF SISTER(S) ARE IN DIFFERENT AGE GROUP)*

TO PRE REGISTER EMAIL: [LCBEARSSOFTBALL@GMAIL.COM](mailto:LCBEARSSOFTBALL@GMAIL.COM) (SEND IN YOUR REGISTRATION FORM)

**ANY QUESTIONS CONTACT:**

**THOMAS CORBETT** — [thomascorbett@msdlt.k12.in.us](mailto:thomascorbett@msdlt.k12.in.us) – LC Varsity Head Coach

**JOANNE CARROLL** — [joannecarroll@msdlt.k12.in.us](mailto:joannecarroll@msdlt.k12.in.us) – LC Varsity Assistant Coach (317) 945-3626  
(We will consider moving a girl to our elementary school camp based upon talent level to benefit the player)

THESE CLINICS WILL BE RUN BY LAWRENCE CENTRAL'S COACHING STAFF AND PLAYERS.  
FOLLOW US ON TWITTER: @LCBEARSSOFTBALL



LAWRENCE CENTRAL  
ADVANCED SUMMER SOFTBALL CAMP  
REGISTRATION FORM & WAIVER

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship of Emergency Contact: \_\_\_\_\_

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Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_  
Other Positions: \_\_\_\_\_  
Bats: R / L      Throws: R / L      Interested In Travel Ball: Y / N

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<b><i>Liability Waiver and permission Form</i></b>	
<i>I, _____, give permission for my daughter _____ to participate in the LC Softball Clinic. I verify that my daughter is physically capable of participating in the activities related to the clinic. I understand the inherent risks of such participation (ranging from minor injuries to catastrophic injuries including heart attack and even death). I assume full responsibility for any and all injuries or damages from participating in the clinic and facility use, and we here within release from all liability MSD of Lawrence Township, Lawrence Central HS, Coaching Staff and Volunteers.</i>	
Parent/Guardian Signature	Date