



LAWRENCE CENTRAL LADY BEARS

SUMMER SOFTBALL CAMP

COME AND HAVE FUN WITH THE LC SOFTBALL TEAM AND COACHING STAFF. LEARN THE BASIC SKILLS AND FUNDAMENTALS OF THE GREAT GAME OF SOFTBALL

WHO: ALL INCOMING 1ST – 5TH GRADE FEMALE STUDENTS, WHO ARE INTERESTED IN LEARNING THE GAME OF SOFTBALL.

WHEN: JUNE 5TH – 8TH

TIME: 10 AM – 12 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 (SEND IN YOUR REGISTRATION FORM)

ANY QUESTIONS CONTACT:

THOMAS CORBETT — thomascorbett@msdlc.k12.in.us – LC Varsity Head Coach

JOANNE CARROLL — joannecarroll@msdlc.k12.in.us – LC Varsity Assistant Coach (317) 945-3626
(We will consider moving a girl to our advanced 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
SUMMER SOFTBALL CAMP
REGISTRATION FORM & WAIVER**

Name: _____ Grade: ____ School: _____
Address: _____ Age: _____
City: _____ State: _____ Zip: _____
Email: _____ Shirt Size: _____
Cell: _____ Home: _____
Emergency Contact: _____ Phone: _____
Relationship of Emergency Contact: _____

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

<i>Liability Waiver and permission Form</i>	
<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