

REGISTRATION:

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

DOB: _____ Age: _____

School: _____

Grade (Fall 2018): _____

T-Shirt Size: (Adult Sizes) S M L XL

Girls Day Camp (\$150.00)

* Please ask about Centenary University Employee Discount.

** Please ask about multi-child family discount.

***Discounts may not apply for students in grades 9-12

REGISTRATION DUE BY: JULY 27, 2018

Please make checks payable to: Centenary University

Detach application and mail with check to:

Attn: Kim Broking Head Softball Coach
Centenary University
400 Jefferson Street
Hackettstown, NJ 07840

www.centenarycyclones.com



Ages– 7-17

All aspects of the game will be reviewed.

Groups will be divided by age and skill.

Instruction will be based on skill level.

POWER HOUR–

Each day we will have a segment dedicated
to agility and strength training

PITCHERS -

If you choose to do pitching, you will have
the option to do so with our pitching coach,
this will be in lieu of defense work.

**YOU DO NOT NEED TO BE A PITCHER TO
ATTEND CAMP.**

Please contact Coach Broking with any
questions via email at:

Kim.Broking@centenaryuniversity.edu

Mail Payment To:

**Kim Broking-Head Softball Coach
Centenary University
400 Jefferson Street
Hackettstown, NJ 07840**



SUMMER CAMP

Monday, August 6

Thru

Wednesday, August 8

@ TANNERY FIELD

715 GRAND AVENUE

9am-3pm

(2-3pm Swim)

RAIN DATE : August 9

Kim Broking

Office: (908) 852-1400 ext: 2906
Kim.Broking@centenaryuniversity.edu

Centenary University Softball



Campers will need:

- Glove
- Bat
- Helmet
- Sneakers
- Pants/Sliding Pads
- Appropriate athletic apparel (NO JEANS)
- Bathing Suit/Towel
- LUNCH (light concession available)
- Drinks / water bottle
- * Catchers should provide their own catching gear.

Centenary University Softball **Summer Skills Camp**

The Centenary Softball Skills Camp is designed to combine learning softball skills and having fun. The camp is open to all girls ages 7 and up. Each camper will have the chance to interact and learn from Centenary University Coaches and members of the Cyclone Softball team.

DROP OFF @ Tannery Field
715 Grand Avenue

PICK UP– Moore Street, near the gym/pool entrance.

Camp Information:

- Camp will run 9:00 am—3:00 pm.
- Monday through Wednesday.
- POOL TIME– the campers will have an hour in our indoor pool from 2-3pm everyday.
- If we need to postpone camp due to impending weather we will contact you via email.
- **Campers are responsible for bringing their own lunch each day to camp.**

Centenary University Softball

MEDICAL RELEASE FORM:

I herby give permission for _____ to participate in the 2018 Centenary University Softball Summer Skills Camp. I certify that my daughter is in good physical condition, has been examined within the last 12 months and no medical reason has been found that she cannot participate in this camp. Records show that all immunizations are up to date. I understand that she will be participating in rigorous play and activity. Centenary University Personnel have also been informed of any physical limitations, medications or prior conditions. The camp will safeguard the health of my child but will not be responsible for accidents, injuries or sickness on the way to camp, during camp or on the way home.

I agree that in the case of an accident involving my child while attending camp, and with full awareness that softball is an activity that may involve risk or injury, I release Centenary University and the staff of the Centenary University Softball Summer Skills Camp from any and all liability. I herby request that my child be granted admittance into the 2018 Centenary University Softball Summer Skills Camp and authorize the directors to act on my behalf in the event of an emergency requiring medical attention and have provided current insurance information as requested.

Camper Name: _____

Parent (s) Name (s): _____

Parent (s) Daytime Phone: _____

Emergency Contact: _____

Relationship: _____

Insurance Carrier: _____

Policy #: _____

Previous Medical Conditions _____

By Signing below, I agree to all the terms detailed above.

Parent/ Guardian Signature: _____

Date: _____