

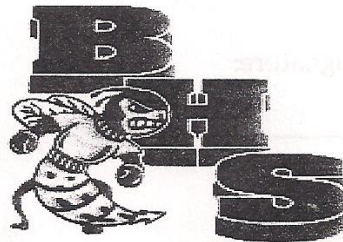


ANNUAL BROOKVILLE BEES SOFTBALL CAMP

- WHERE:** BROOKVILLE HIGH SCHOOL SOFTBALL FIELD
(AT BROOKVILLE MIDDLE SCHOOL)
- WHEN:** MONDAY, JULY 16 - THURSDAY, JULY 19, 2018
MONDAY, JULY 23 - THURSDAY, JULY 26, 2018
CAMP T SHIRTS FREE TO ALL PARTICIPANTS AT THE END OF CAMP
- TIMES:** 5 PM - 7 PM - GRADES 1 - 4
7 PM - 9 PM - GRADES 5-8
- FEE:** \$50.00 (ADDITIONAL SIBLINGS \$35.00) FEE INCLUDES BOTH WEEKS
MAKE CHECKS PAYABLE TO GARY FERGUSON
PLEASE PRE-REGISTER BY JULY 11
PARTICIPANTS MAY ALSO REGISTER FROM 4:30 PM TO 5:00 PM THE FIRST
DAY OF CAMP EACH WEEK
- INSTRUCTION:** FOCUS ON ALL FUNDAMENTAL SKILLS: THROWING, HITTING, CATCHING,
BASE RUNNING AND SLIDING DRILLS

PLEASE COMPLETE THE WAIVER FORM ON THE BACK OF THIS FLYER AND RETURN IT ALONG
WITH YOUR REGISTRATION FEE TO: COACH GARY FERGUSON-HEAD SOFTBALL COACH,
BROOKVILLE HIGH SCHOOL, 100 LAXTON ROAD, LYNCHBURG, VA 24502

IF YOU HAVE QUESTIONS PLEASE CONTACT:
COACH GARY FERGUSON
434-426-0304



Brookville Middle School
2018 Brookville Softball Club Team

Participant Information

Name : _____

Address : street _____ City _____ State ____ zip _____

Grade: _____ Age: _____

Jersey size : (circle one) Youth XI Adult S M L XL XXL

Parent/Guardian Name : _____

Phone number in case of Emergency : _____

Medical Conditions (i.e. Allergies, Diabetes, Asthma, Epilepsy....)

Parental Authorization Waiver and Release

I, the parent/guardian of the named child, hereby give my approval for participation in the Brookville Softball Camp. I assume all risks and hazards incidental to such participation. I do hereby waive, release, and agree to hold harmless the director, employees, school and supervisors from any claim arising out of injury to my child during activities that may occur with the Brookville Softball Camp.

Parent/Guardian Signature:

Date:
