



Windham High School Summer Youth Softball Clinic

Camp Mission Statement: Guided instruction and drill work assists the players in development of throwing technique and positional play for infield, outfield, and catcher. The camp's offensive focus is to provide offensive knowledge and fundamentals. Sessions include an individual evaluation of offensive skills, mental approach, base running, and situational hitting.

Location: Field 1 on Windham HS Campus

Participants: Open to girls entering grades 3-8 in September 2018 – camp is limited to 30 girls so please act quickly

Cost: \$50 for first girl--\$25 for additional siblings (i.e. \$75 for two daughters)

Session schedule: Every Wednesday, from 530pm-730pm, starting 6/27 and ending 8/1 (no session on the 4th of July)

Camp Benefits:

- Develop Self-Confidence
- Learn New Techniques
- Maximize Your Potential
- Acquire a Competitive Edge
- Acquaint Themselves with WHS Drills/Expectations

Equipment: Wear clothes and shoes appropriate for outdoor activities. Bring water, your glove, bat, and helmet, if desired (just be sure to mark everything with your name).

Each Participant Will Receive:

- Quality Instruction
- Personalized Attention
- Supervised Environment

Instructors:

- WHS Coaching Staff and 2018 Lady Eagles Softball Team.

Please fill out the below information sheet prior to registration submittal.

Questions may be directed to Travis Demmons at travisdemmons@yahoo.com or 207-730-0240.

Registration Page

Camper's Name (First and Last) _____

Age: _____ **Grade:** _____ **DOB:** _____

Mailing Address: _____

Mothers Name: _____

Phone:(H): _____ **(W/C)** _____

Fathers Name: _____

Phone:(H): _____ **(W/C):** _____

Emergency Name (other than parent)

Phone: _____ **(W/C):** _____

Please list any physical or behavioral limitations/restrictions, allergies, medications being taken, and their side effects.

The undersigned hereby releases and holds harmless Windham High School and it's agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation from this program/event sponsored by Windham High School. The undersigned further authorizes anyone working for the Windham Athletic Department to call for medical care for my child if, in the opinion of the program supervisor working for Windham High School, medical attention is needed.

Parent Signature:

_____ **Date:** _____

**** Please mail your registration and check for the camp to:**

**Coach Travis Demmons
9 Bruschi Road
Windham, Me. 04062**