

# Wildcat Softball Summer Camp 2022



**Dates:** June 14, 15, 16, 21, 22, 23

**Ages:** 6- 18

**Time: 11 AM to -1 PM 6–12-year-olds Beginners**

**Time: 1PM-4:30 PM 13-18-year-olds Advanced**

\*Younger campers with experience are allowed to try the advanced session at 1 PM with parental permission.

**Where:** REV Softball Fields

Camp Donation: \$100

- ✓ checks can be made out to REV Softball Boosters mailed to P.O. Box 700 E. Redlands Blvd, Ste U-178 Redlands, Ca 92373
- ✓ paypal: [revsoftballboosters@yahoo.com](mailto:revsoftballboosters@yahoo.com)
- ✓ Venmo: @REVSoftball

Weekly rates available as well as team and family discounts

\*\$75 if registered before May 27th

- Softball Fundamental Recap, Offensive & Defensive Drill Work and Situations, Base-Running, Strength & Conditioning and more!

**Cost \$100** (includes camp t-shirt and snack) Pre-Registration suggested for shirt size, Registration can be done on site the day of the camp at 10 AM.

Contact Info and questions: Josephine Ramirez [revsoftballboosters@gmail.com](mailto:revsoftballboosters@gmail.com) and you can also check us out on **twitter @SoftballRev**

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## CAMP REGISTRATION FORM

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ AGE \_\_\_\_\_

Years of softball experience \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt Size (circle one): Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Mailing Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical conditions/Physical Problems: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

1. I, the parent or legal guardian of the above named hereby grant my approval for my child to participate in any and all WILDCAT SOFTBALL CAMP activities.
2. I know that participation in softball may result in serious injuries and that protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless REDLANDS EAST VALLEY HIGH SCHOOL Inc., the organizers, supervisors, participants and persons in activities from any claim arising out of any injury to my child.
3. I hereby grant my permission for a REDLANDS EAST VALLEY HIGH SCHOOL SOFTBALL/TRAINING STAFF official to authorize treatment for illness or injury suffered while my child is in their care if I am not present to give such authorization personally.
4. By signing this letter I certify that my child is covered by his/her own medical insurance and in case of injury that insurance policy will be used to pay for treatment for said injury.
5. I hereby agree to sign and abide by REDLANDS EAST VALLEY HIGH SCHOOL Inc., Code of Parent Conduct.
6. I fully understand that filling out this form and signing it does not guarantee my child a spot on any Redlands East Valley High School Program.

Parent or Legal Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_