

## Lamesa Tornado Softball Camp

The camp is open to all incoming 3<sup>rd</sup> graders-incoming 9<sup>th</sup> graders. This is an all-around skills camp that will cover every aspect of the game of softball. We will also conclude camp with individual/team competitions on competition Saturday.

Each camper will receive a camp t-shirt at the conclusion of the camp. The camp will be directed by Head Coach Vanessa Hernandez, Assistant Coaches Jeremy Hernandez and Kaleen Sarli, along with previous Tornado players. This will be a great opportunity for you to learn new drills, get individual help with parts of your game you could improve on, and most importantly.....HAVE FUN!



**When: June 20-22, 2019**

**Where- Joe Spikes Softball Field**

**Cost- \$30.00**

**Minor League Tornado Camp:** for athletes entering 3<sup>rd</sup> grade- 5<sup>th</sup> grade 10:00am -Noon

**Major League Tornado Camp:** for athletes entering 6<sup>th</sup> grade- 9<sup>th</sup> grade 1:00pm -3:00pm

Any further questions you may contact Coach Hernandez at [vhernandez@lamesaisd.net](mailto:vhernandez@lamesaisd.net). Please return the camp application and medical release as well as payment to Coach Hernandez by June 10<sup>th</sup> to guarantee a shirt. This can also be mailed to:

501 North 15<sup>th</sup> Street Lamesa, TX 79331

### *What to bring:*

- Athletic shoes/cleats
- Glove (THIS IS A MUST)
- Bat (if the athlete owns one)
- Helmet (if the athlete owns one)
- Drink (there will not be a concession stand)

**The Softball Camp Application**  
**PLEASE PRINT INFORMATION BELOW**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Grade in August: \_\_\_\_\_ Age: \_\_\_\_\_  
T-shirt size: \_\_\_\_\_ (please indicate youth or adult in size)

**Medical Treatment Authorization Form**

\_\_\_\_\_ DOB \_\_/\_\_/\_\_  
Participant's Name

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

\_\_\_\_\_

2. List any medications currently taking: \_\_\_\_\_

\_\_\_\_\_

3. List any allergies: \_\_\_\_\_

**In case of emergency please contact:**

\_\_\_\_\_

Name

\_\_\_\_\_

Daytime Telephone

\_\_\_\_\_

Evening Telephone

\_\_\_\_\_

Name of Medical Insurance Company

\_\_\_\_\_

Telephone

\_\_\_\_\_

Insurance Policy Numbers

I, \_\_\_\_\_, as parent or legal guardian of the participant named above, authorizes camp personnel to seek medical attention which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated

with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

\_\_\_\_\_

Signature (Parent or Guardian)

\_\_\_\_\_

Date