

Lamesa Tornado Softball Camp

The camp is open to all incoming 3rd graders-incoming 9th 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 3rd grade- 5th grade 10:00am -Noon

Major League Tornado Camp: for athletes entering 7th grade- 9th grade 1:00pm -3:00pm

Any further questions you may contact Coach Hernandez at vhernandez@lamesaisd.net.

Please return the camp application and medical release as well as payment to Coach Hernandez by June 10th to guarantee a shirt. This can also be mailed to:

501 North 15th 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