



2008 GIRL'S FASTPITCH SOFTBALL CAMP

CAMP DATES:
July 27-30 • Aug. 3-6 • Aug. 10-13

CAMP DATES

July 27-30 (#202), Aug. 3-6 (#203), and Aug. 10-13 (#204)

GENERAL CAMP INFORMATION

Early Camper Registration Special: \$345 per student, which includes camp and complete room and board. Early Commuter Rate: \$195 per athlete. After July 24, July 31, or August 7, depending on what session you plan to attend, the fee is \$365 for campers and \$215 for commuters. A group rate for seven or more campers is also available at \$315 per person; however, all applications must be mailed as a package to qualify for this group rate.

A non-refundable \$20 administrative fee is charged for any cancellations. Cancellations in writing received by the Conference Program by June 11 for Camp I, and by June 17 for Camp II, will receive a refund minus a \$20 non-refundable administrative fee. For campers leaving camp early, refunds are granted on a case-by-case basis minus administrative fee and program fee. No refunds will be made for campers dismissed from camp.

ELIGIBILITY/PURPOSE

This camp is designed for students in grades 3-12 who are interested in instruction geared toward the proper fundamentals and sportsmanship of competitive fastpitch softball. Campers will be divided between grades 3-7 and grades 8-12. However, highly skilled campers in the lower grades can be moved up. Experienced staff will cover all phases of the game.

FREE T-SHIRT

Every athlete receives a free camp shirt and an individual certificate.

FOR MORE INFORMATION

Write to Fastpitch Softball Camp, CWU Athletic Department, 400 East University Way, Ellensburg, WA 98926-7570 or call 509-963-1914. For camp highlights visit our Web site at: www.wildcatsports.com

WHAT TO BRING

Campers must bring their own towels, washcloth, soap, sunscreen, personal toiletries and bathing suit. Also bring glove, bat (optional), softball shoes, t-shirts, shorts, socks, sweats, tennis shoes and a positive attitude. Catchers must bring their own catching gear. Please label all of your equipment. Please leave all valuables at home. CWU is not responsible for damages or loss to camper's personal property.

SUPERVISION

The team coaches are required to stay in CWU housing with campers. The team coach is responsible for returning sleeping room keys for campers. In the event that all keys are not returned, the team coach will be assessed a \$35 fine for each lost key. Team coaches are also responsible for their players during non-sanctioned, after-hours activities while attending CWU camps. CWU reserves the right to send any camper home if found to be undesirable for any reason.

ARRIVAL AND DEPARTURE

Registration is July 27 or August 3 and 10 at 11 a.m. The first session begins at 2 p.m. All participants must attend the Orientation Meeting at 1 p.m. in your residence hall lobby. Camp concludes on July 30, August 6, or August 13 at 4 p.m.

Check out for sleeping rooms is 4 p.m. and all keys must be returned to the Vantage room. There will be a \$35 fine for each lost key assessed at checkout. The individually registered participant will be assessed a \$35 fine for their lost key.

PHYSICALS / INSURANCE

All CWU camp participants are required to provide a non-returnable physical fitness statement from their physician, a CWU Camper Health/Emergency Information Form and proof of their own medical insurance prior to their participation in the CWU Camp. **CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT PROPERLY COMPLETED FORMS.** The CWU athletic training staff will be on duty during sessions and on-call throughout the day.

Camper's Name _____
 Address _____
 Birth Date _____ Phone (_____) _____
 Sport Camp Attending _____
 Camp Dates _____
 Does your child have:
 Allergies Yes No If yes, list. _____
 Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.
 Yes No If yes, list. _____
 Has your child had any injuries and/or operations during the past year?
 Yes No If yes, list type and dates. _____
 Has your child's physical activity been restricted during the past year?
 Yes No If yes, list reasons and duration. _____
 Is your child taking any medications? Yes No If yes, why? _____
 Name of medication(s) and Dosage(s). _____
 Has your child ever taken any sulfa drugs? Yes No
 Has your child had adverse reactions to any drugs? Yes No
 If yes, list drug(s) and reaction(s): _____
 Date of last tetanus immunization: _____

I, the undersigned, individually and as a parent/guardian of _____ (camper) a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University. I do hereby agree to release, discharge and hold harmless the State of Washington, Central Washington University, its officers, agents, trustees, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. I agree to pay for lost keys and damage caused by my child while at camp. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of Parent/Guardian _____ Date _____
 Emergency Contact Person _____
 Relationship _____
 Address _____
 Phone: Work (_____) _____ Home (_____) _____
 Family Physician _____ Phone (_____) _____
 Medical Insurance _____
 Name of Insured _____
 Policy/Group # _____

CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM FOR CWU SPORT CAMPS

THIS FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BEFORE THE FIRST DAY OF CAMP. Campers will not be allowed to participate without properly completed and signed forms.



**2008 CENTRAL WASHINGTON UNIVERSITY
 GIRL'S FASTPITCH SOFTBALL
 CAMP APPLICATION FORM**

CAMP DATES:
JULY 27-30, 2008 (#202)
AUGUST 3-6, 2008 (#203)
AUGUST 10-13, 2008 (#204)

REGISTRATION DEADLINE:
July 13, 2008 (CAMP I) • July 20, 2008 (CAMP II)
July 26, 2008 (CAMP III)

Name _____
 (Please type or print)
 Daytime Phone Number (_____) _____
 (Please include area code)
 Street Address _____
 City _____ State _____ Zip _____
 School Name _____
 Coach _____
 Position _____ Grade Entering _____
 Age _____ Height _____ Weight _____
 T-shirt adult size: S M L XL

Rates:
 \$345 Early Camper Registration (\$365 after July 13, July 20 or July 26)
 \$195 Early Commuter Registration (\$215 after July 13, July 20 or July 26)
 \$315 Group Camper Registration of seven or more
 \$170 Group Commuter Registration of seven or more

*Send individual applications as a team with \$100 per-person deposits to CWU Conference Program, 400 East University Way, Ellensburg, WA 98926-7592. Make checks payable to CWU Conference Program. Balance must be paid in full by July 13 (#202), July 20 (#203) or July 26 (#204), otherwise a \$20 individual application fee is imposed. A non-refundable \$20 administrative fee is charged for any cancellations. Full refunds minus a \$20 administrative fee require 72-hour notification.

(CWU will destroy the following information immediately after processing.)

Please charge \$ _____ to credit card # _____ Visa MasterCard Expiration Date _____
 Card Holder Signature _____ Date _____