



DELAWARE HAYES SOFTBALL YOUTH CAMP 2024

Monday June 3 thru Wednesday June 5

Coach Thomas and the Lady Pacers Softball Coaching Staff would like to invite all area youth (and Coaches) to participate in an all skills camp on the Varsity field at Delaware Hayes High School. The camp will teach softball fundamentals, position specific skills, and teamwork. Participants will learn the basics of hitting and fielding. The camp will also feature speakers, a t-shirt, certificate of participation, and campers of the day/week.

CAMPER INFORMATION

WHO: Athletes Entering Grades 3-9

WHAT: 3 Day Softball Skills Camp

WHEN : June 3rd – 5th (9 am – 12:00 pm on all 3 days)

WHERE: Delaware Hayes Varsity Softball Field (Behind Penn Lanes ..)

(rain location Delaware Hayes Hitting Facility) *Big yellow Pole Barn Beside Baseball Field*

WHY: Continuing Tradition and Excellence throughout the Entire Program

COST: 75.00 if registered before May 20th... May 21st or after \$85.00

CONTACT: Please direct any questions to Coach Mark Thomas, Head Softball Coach at

(740) 833-1010 x 4474 or email thomasma@delawarecityschools.net

REGISTRATION: Scan QR code below or Send Completed Registration Form/ Waiver and Payment to: (or use Venmo code)

Lady Pacers Softball Camp, 289 Euclid Ave. Delaware, Ohio 43015

C/O Coach Mark Thomas

****Walk up registration accepted 8:30-9:00 each day at the field****

CAMP NECESSITIES: Cleats, sneakers, water bottle, glove, bat, batting helmet, Softball pants preferred and catchers equipment if you have it.

(Detach) -----

REGISTRATION/MEDICAL INFORMATION

My child has my permission to attend the Pacers Youth Softball Camp. I have no knowledge of any physical impairment that would affect or be affected by my child participating in camp. In the event of an emergency in which my child requires medical care, I authorize the staff of the camp to obtain the necessary treatment. I specifically consent to such treatment including, but not limited to hospitalization and will be responsible for any medical charge in connection with attendance of the Softball Camp. I acknowledge that at the camp my child will participate in a sport that involves physical exertion which may result in injury. I specifically waive and release the camp and all employees from liability of any injury that my child may incur during and after participation at the camp. I authorize the camp to use any photos or articles about my child for publicity purposes.

PLAYER (LAST NAME):	PLAYER (FIRST NAME):
GRADE ENTERING :	SHIRT SIZE (CIRCLE): YM YL AS AM AL AXL A2X
DATE OF BIRTH: - -	CONTACT PERSON:
ADDRESS: CITY : ZIP:	PARENTS NAME:
EMAIL ADDRESS:	EMERGENCY PHONE #: ()



PARENT/GUARDIAN SIGNATURE: _____

Register here ^