



High School Evaluation Camp, October 15, 2017

Juniors and Seniors 10am-1pm

Freshman and Sophomores 1:30pm-4:30pm

Skills

The day will consist of a structured workout that will allow the coaches to evaluate your skill set and athleticism:

- Hitting
- Fielding
- Outfield and infield
- Base Running
- Bunting
- Throwing
- Scrimmaging

Equipment Needed

- It is **required** that each participant bring tennis shoes, cleats, gloves and helmets
- **Please wear a shirt with your name on the back**
- Additionally, they may bring any other equipment preferred such as bats, batting gloves, and catching gear

Eligibility

Girls entering grades 9th-12th in the Fall of 2017 are eligible to attend.

Camp Location

Softball field on the East Peoria ICC Campus or in the CougarPlex (if it is raining)

Check-In Time

Check-in is **fifteen minutes prior** to start of camp.

Cost

\$35 per participant

Registration

Please register at: <http://athletics.icc.edu/sports-camps> or mail the Player Information form and payment to: Illinois Central College, Attn: Heather Doty, 1 College Dr, East Peoria, IL 61635

Additional information

Each participant will be given a tour of the CougarPlex facility and have the opportunity to ask questions about the ICC Softball program



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Completed waiver **MUST** be submitted on or before camp.

- fax to 309-694-5579
- email to heather.doty@icc.edu
- or bring to camp

Player Information

Camper's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Campers email: _____

High School: _____ Summer team: _____

Position(s): _____ Grade: _____

Emergency Contact: _____ Phone Number: _____

Please list below any medical conditions and/or allergies that you think we should know about

Consent and Liability Waiver - Release of all claims

Parents/Guardians:

Please sign below to grant medical treatment to the camper while participating in the ICC camp.

I hereby authorize Illinois Central College Health Services Staff to administer such diagnostic, therapeutic and operative procedures as they deem necessary for my child/ward. I also authorize the Illinois Central College Health Services Staff to release information of such care to health insurance carriers for the purpose of determining insurance coverage for the child/ward. Furthermore, the undersigned hereby agrees to fully defend, indemnify, and hold harmless Community College District #514 (Illinois Central College), its directors, officers, employees, and agents from and against any claim, expense, cost or liability of whatsoever nature including attorneys' fees arising out of my child's/ward's conduct while participating in this Athletic Camp.

Parent/Guardian Signature

Emergency Telephone

Date