



## High School Camp, February 23, 2020

12pm-3pm

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### 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
- Additionally, they may bring any other equipment preferred such as bats, batting gloves, and catching gear

### Eligibility

Girls in grades 9<sup>th</sup>-12<sup>th</sup> during the 2019-20 school year are eligible to attend.

### Camp Location

East Peoria Campus in the CougarPlex

### Check-In Time

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

### Cost

\$50 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](mailto:heather.doty@icc.edu)

### **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: \_\_\_\_\_ Shirt size: \_\_\_\_\_

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.

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*Parent/Guardian Signature*

*Emergency Telephone*

*Date*