

**KAUKAUNA GHOSTS CHAMPS CAMP**

**Kaukauna High School Softball - 2017 WIAA Div 1 State  
Champs will be holding a softball clinic:**

WHEN: Sunday, March 18<sup>th</sup> 2018  
WHERE: Kaukauna High Indoor Practice Facility  
TIME: 8:00 a.m to 11:00 a.m – Check in at 7:30 a.m  
COST: \$30.00 includes Camp T-shirt and snack - make check payable to KHS

AGE GROUPS:  
4 & 5, - 6, 7 & 8 - & 9, 10 – Camp will cover Hitting, Base Running, Sliding, Infield and Outfield drills.

For more Information please email: roehrigt@kaukaunasd.org

SEND REGISTRATION FORM TO:

Kaukauna High School /Att: Softball  
1701 Cty Tk CE  
Kaukauna, WI 54130

Registration Deadline: Monday- March 5, 2018

**Every Player will need to bring a glove and wear tennis shoes. If players own a helmet and bat they should bring those as well. If they do not own them, they will be provided.**

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NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

T-SHIRT SIZE - Youth – S M L XL  
Adult - S M L XL

Softball Experience Of Daughter – None - \_\_\_\_\_ Rec - \_\_\_\_\_ KGF - \_\_\_\_\_ Other - \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

City Lived In: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address - \_\_\_\_\_

Will Need - Helmet \_\_\_\_\_ Bat - \_\_\_\_\_

Any Health Issues related to your daughter we should know about?  
\_\_\_\_\_

**Please make sure to sign the release form below as well for your daughter to participate!!**

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect my daughter to participate in the 2017 Champs Camp.
  2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with equipment and other participants.
  3. I understand that sliding into base is dangerous my daughter and to other players and may result in serious injury or death.
  4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.
  5. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while participating in the 2018 Kaukauna High School Champs Camp.
2. As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form I understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. I agree that my child must be removed from practice/play if a concussion is suspected.
  3. I release, discharge and agree not to sue the team and/or the Kaukauna Area School District, officers, agents, servants, associations, employees, or any person or entity connected with the team, Champs Camp, or field owners for any claim, damages, costs or cause of action which I have, or may in the future have, as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Player Name - \_\_\_\_\_

Date - \_\_\_\_\_

Parent Signature - \_\_\_\_\_

Date - \_\_\_\_\_