



Lady Patriots

Girls Softball Camp June 25 - 27, 2018

40X Conference Champions 7X State Champions



- ★ Times: Lil Patriots 8am - 10am (rising 5K - 8U)
Advanced 8am - 11am (9U - 11U)
Elite 11:30am - 2:30pm (12U - rising 9th grade)

Please eat before you arrive

- ★ Held at SAHS Softball field, behind tennis courts
- ★ Camp ran by head coach Jon Russell and staff, current/
★ former SA players ad current/former college players

Contact 336-570-6400 with questions

Please send this completed registration form, with the medical release signed below, along with your payment to:

Southern High School
%o Coach Jon Russell
631 Southern High School Dr. Graham, NC 27253

**Make checks payable to: SHS Boosters
and label the memo: SOFTBALL**

Child's Name: _____ Age: _____ Grade entering next school year: _____
PLEASE PRINT, THANK YOU

Address: _____ City: _____ State, ZIP _____

Phone: _____ Cell: _____ Email: _____

T-shirt size: Youth: S M L Adult: S M L XL

MEDICAL CONDITIONS (IF ANY): _____

My child has permission to participate in 2018 SAHS Softball Camp. I accept responsibility for my child and understand that SAHS/Camp Staff will **not** be held liable for any accidents/injuries. Parent Signature: _____ Emergency Contact (cell): _____



Lady Patriots

Girls Softball Camp June 25 - 27, 2018

40X Conference Champions 7X State Champions



- ★ Times: Lil Patriots 8am - 10am (rising 5K - 8U)
Advanced 8am - 11am (9U - 11U)
Elite 11:30am - 2:30pm (12U - rising 9th grade)

Please eat before you arrive

- ★ Held at SAHS Softball field, behind tennis courts
- ★ Camp ran by head coach Jon Russell and staff, current/
★ former SA players ad current/former college players

Contact 336-570-6400 with questions

Please send this completed registration form, with the medical release signed below, along with your payment to:

Southern High School
%o Coach Jon Russell
631 Southern High School Dr. Graham, NC 27253

**Make checks payable to: SHS Boosters
and label the memo: SOFTBALL**

Child's Name: _____ Age: _____ Grade entering next school year: _____
PLEASE PRINT, THANK YOU

Address: _____ City: _____ State, ZIP _____

Phone: _____ Cell: _____ Email: _____

T-shirt size: Youth: S M L Adult: S M L XL

MEDICAL CONDITIONS (IF ANY): _____

My child has permission to participate in 2018 SAHS Softball Camp. I accept responsibility for my child and understand that SAHS/Camp Staff will **not** be held liable for any accidents/injuries. Parent Signature: _____ Emergency Contact (cell): _____