

Campers Name _____ Age _____ Grade _____
Home Address _____ City _____ State _____ Zip _____
Phone _____ Day phone _____
Group Name (if any) _____
Parent's Name(s) _____

Please submit: \$125.00

Make checks payable to: Ohlone College Softball

One week only: July 27 – July 31, 2009

Mail to: Coach Runyon, Ohlone College Athletics, 43600 Mission Blvd. Fremont, CA 94539.

Ohlone College Athletics
43600 Mission Blvd.
Fremont, CA 94539



OHLONE SOFTBALL CAMP 2009



DONNA RUNYON
SOFTBALL COACH

OHLONE COLLEGE ATHLETICS
43600 MISSION BLVD.
FREMONT, CA 94539



ONE WEEK ONLY!

**JULY 27-JULY 31,
2009**

**HOURS FOR
CAMP ARE**

**9:00AM
TO
2:00PM**

COST: \$125

**Camp held on the Ohlone
College Softball Field.**

**OHLONE COLLEGE
ANNUAL SUMMER SOFTBALL CAMP**

Ohlone College would like to announce their Annual Summer Softball Camp. This week-long camp will emphasize skills needed for throwing, fielding, pitching and catching while stressing the important aspects of each defensive position. Girls interested in pitching and catching will be provided daily instruction as well as game experience. Hitting, base running, pitching and sliding instruction will be provided each day through numerous drills.

This camp will provide your child an opportunity to experience Coach Runyon's offensive and defensive philosophy, while teaching the importance of team play, mental toughness and self-confidence which can be gained through daily practice.

Open to all softball enthusiasts ranging in age from 7-15 years.

- Lunch and snacks provided every day!
- Free T-shirt, visor, and water bottle.

**FOR MORE INFORMATION PLEASE
CALL (510) 659-6053**

**Please make checks payable to:
Ohlone College Softball**

Registration form is also available at: www.ohlone.edu/org/athletics and click on Women's Sports, Softball

This flyer may be duplicated.

INSURANCE WAIVER & EXPLANATION

(Guardian's Name)

HEREBY RELEASE THE
FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I
OHLONE COMMUNITY COLLEGE DISTRICT AND THE STATE OF CALIFORNIA FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITY OF
ANY KIND, FROM WHATEVER CAUSE, WITHOUT LIMITATIONS, WHICH MAY ARISE FROM DAMAGE, INJURY, ILLNESS, DEATH, OR ACCI-
DENT OCCURRING TO MY SON OR DAUGHTER.

(Name of Participant)

DURING HIS/HER PARTICIPATION IN THE OHLONE COLLEGE SOFTBALL CAMP ON JULY 27-JULY 31, 2009. I AGREE NOT TO SUE OR
PROSECUTE ANY CLAIM DEMAND, OR SUIT OF ANY KIND, DIRECTLY OR INDIRECTLY, IN RESPECT THERETO. I FURTHER CERTIFY THAT I
HAVE ACCIDENT AND HEALTH INSURANCE COVERAGE WITH:

(Name of Insurance Company)

(Policy Number)

I HAVE READ EVERY WORD OF THIS RELEASE

SIGNED

DATED