



Santa Rosa Junior College Softball

Winter Camp 2017

Camp 2: Jan. 22, 2017

Ages: 11-14

For more information, please
contact either:

Phil Wright, 707-484-0479

Taylor Morgan, 707-292-4747

Pwright2@santarosa.edu

Please fill out & return
enrollment application

Checks payable to:
SRJC Foundation – Softball

Mail Enrollment Application &
Payment to:

SRJC Softball
6020 Melita Rd,
Santa Rosa, CA, 95409

Camp Features

- All turf softball facility
- Individualized instruction with an emphasis on advancing current offensive & defensive skills
- Personalized instruction from a highly qualified staff of college coaches
- Please bring snack & water and softball glove, bat, and helmet

Staff

Phil Wright, Head Coach

Taylor Morgan, Asst. Coach

SRJC Current & Past Players

Reporting Information

Location: SRJC Marv Mays Softball Field
Registration/Check-in: 9:00 am, parents are not
required to stay

Camp Pricing

Camp Tuition: \$30

Additional \$15 for pitching &
catching session

*Scholarships available while
they last, please call Coach
Wright or Coach Morgan for
arrangements.

Camp Hours

Camp 2: Jan. 22 (Sunday)

Check-in: 9:00 am – 9:30 am

Camp: 9:30 am – 3:00 pm

Pitching & Catching: 3:15 pm – 4:15 pm

***If there is a rain-out, camp make-up
date is Sunday, Jan. 29, 2017**

For private pitching and/or hitting
lessons, please contact:

Phil Wright, 707-484-0479

Taylor Morgan, 707-292-4747

Medical History

This must be filled out and signed by the parent or guardian before a child will be able to participate. Is there any history of (please circle):

Medical conditions currently under treatment

Yes No

Any pre-existing injuries

Yes No

Fractures or other disability-type injuries

Yes No

Allergies or asthma

Yes No

Mental disorders or convulsions

Yes No

Known past illness of more than one week

Yes No

Contact lenses/glasses

Yes No

Explain any questions answered yes below:

DOB: Age:

Email:

Parent/Guardian Name:

Parent/Guardian's daytime phone:

Emergency contact:

Emergency phone:

Enrollment Application: Please circle camp attending below:

Camp 1: Jan. 22, 2017

Medical Authorization

Name of Participant: _____ has my permission to participate in the 2017 SRJC Softball camp at Santa Rosa Junior College, Jan. 22, 2017 from 9:30 am – 4:15 pm.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, or surgical or dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Resulting expenses are the responsibility of the undersigned parent/guardian. As stated in California Code of Regulation, Subchapter 5, Section 55450, I understand that I hold Sonoma County Junior College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my son's/daughter's participation in this activity.

I fully understand that participants are to abide by all the rules and regulations governing conduct during this activity. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Medical Insurance Carrier: _____ Policy # _____ Address: _____

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) all drugs, except those which must be kept on the participant's person for emergency use, must be kept and distributed by the staff; (3) () check here if there are no special problems that the staff should be aware of and no drugs are required while participating; (4) if any medication or drugs are to be taken by the participant, list them here: (Name of drug/reason) _____

If your child has a special medical problem, kindly attach a description of that problem to this sheet.