

SUMMER SOFTBALL CAMP

WHEN

June 6, 7 & 8

Ages: 8, 9 & 10

@ 830am till 1100am

Ages: 11, 12 & 13

@ 100pm till 400p

WHERE

**Worthington
Kilbourne HS**

1499 Hard Road, Columbus, OH 43235

GIRLS AGES 8 – 13

**COME LEARN MORE
ABOUT THE GAME OF
SOFTBALL & MEET OUR
HS PLAYERS!**

CAMP LOCATION

WKHS Varsity Field

*Drive behind the school
and travel to the east side
of the building beside the
tennis courts!*

WHAT TO WEAR?

**T-Shirt, Sports Shorts
or Softball Pants
Socks with Cleats or
Tennis Shoes**

**Also Bring –
Softball Glove, Water
Bottle & Sunblock**

COST

\$45 PER CAMPER

**PLEASE REGISTER NO
LATER THAN MAY 31ST**

PAYMENTS:

VENMO

@WKHSSOFTBALL

2022 Worthington Kilbourne Softball Camp Registration

Player Information – Please complete form and email to the WKHS Softball Boosters.

WKHS Softball Boosters

wkhswolesssoftballboosters@gmail.com

Player's Name: _____

Address: _____

Date of Birth: _____

Grade in the Fall of 2022: _____

School Attended: _____

Allergies: _____

EMERGENCY CONTACT

Name: _____

Relationship to Camper: _____ **Phone #:** _____

The undersigned, as parent or guardian of the Player named herein, desires that this Player participate in the Softball Camp offered by the Coaching Staff of the WKHS Softball Program. By execution of this release, I agree that all requirements, directions, and standards set by the Coaching Staff and personnel, use of any equipment under the supervision of the Coaching Staff and personnel shall be deemed to have been accomplished for the benefit of my Player. In consideration of the efforts on my Player's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss to my Player or my Player's property which may arise out of my Player's participation in the Camp, hereby intending to release and discharge Worthington City Schools, the Director, and all personnel associated or connected with the Camp for every claim, liability, or damage, of any kind caused by the negligence of Worthington City Schools, Camp Coaches, personnel involved or otherwise which may result from participation in the Camp.

AUTHORIZATION

I authorize and request Worthington City Schools and the WKHS Softball Camp personnel to refer to my Player to other duly licensed medical personnel for necessary emergency treatment when indicated, including transfer to outside hospitals.

Parent/Guardian Signature: _____ **Date:** _____

CAMP COST - \$45 per Player

*****PLEASE REGISTER NO LATER THAN MAY 31, 2022*****

Digital Payments: Venmo @WKHSSOFTBALL

Mail Payments: WKHS Softball Boosters (c/o Janet Rung)
2129 Stancrest Road, Dublin, OH 43016

QUESTIONS: CONTACT US – WKHSSOFTBALLBOOSTERS@GMAIL.COM