

# MOUNT NOTRE DAME SOFTBALL CAMP

Mount Notre Dame Softball Head Coach Jackie Cornelius and her staff will be conducting the Cougar Softball Skills Camp. It will be run by current and former college and professional players and coaches, ensuring that each camper receives the highest quality instruction available in the area. Instruction will be given in all areas of fast pitch ... fielding, throwing, hitting, base running. Special drills for pitchers and catchers will be available.

Staff will include:

- **JACKIE CORNELIUS** – MND Head Varsity Coach, Oak Hills High School 4 yr starter, Cleveland State University 4 yr player, European National team player/coach, Michigan Ice professional team player, Director of Softball Operations at Sports of All Sorts
- **SARAH MELVIN** – MND Assistant Varsity Coach, Ohio University 4 yr player, Sycamore High School 4 yr player
- Other current and former college players and coaches from U of Michigan, U of Dayton, George Mason University, and U of Evansville, among others.

**June 22-23, 2009**

**\$65 (includes camp t-shirt)**

**SESSION 1 ..... Entering grades 3 thru 6 ..... 9:00 – 11:30**

**SESSION 2 ..... Entering grades 7 thru 12 ..... 1:00 – 3:30**

*Ask about our private team camps.  
(8 hours of instruction geared to your team's needs)*

**Camp will be held at Koenig Park  
Corner of Columbia and Koenig Ave, Reading, OH, 45215.  
Campers should bring their glove, bat, water, and helmet.**

**Complete this form and Emergency Medical Release and return both forms to the address listed below. All confirmations will be done via email**

Camper's name \_\_\_\_\_ Grade in fall \_\_\_\_\_  
Address: \_\_\_\_\_ t-shirt size: YL AS AM AL  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent cell phone \_\_\_\_\_  
Email address (mandatory for confirmation) \_\_\_\_\_  
Session one \_\_\_\_\_ Session two \_\_\_\_\_ Primary playing position \_\_\_\_\_

**Make checks payable to: Jackie Cornelius  
Mail to: MND Softball Camp  
4472 Hidden Oaks Lane  
Hamilton, OH 45011**

**For more information : phone 703 - 6109  
Registration deadline: June 12, 2009  
Sorry, no refunds for nonattendance**

**NEW THIS YEAR  
BRING YOUR TEAM SPECIAL**  
Have your whole team sign up for the individual skills camp (minimum 8 girls) and receive a free two hour TEAM session with Coach ... Coach Cornelius will help your team and coaches with game strategy, at your field. Topics may include how to field bunts, base running techniques and strategies, defensive team drills, and lots more ...  
Phone 703-6109 for info and registration

# MOUNT NOTRE DAME SOFTBALL CAMP

**June 22 and 23, 2009**  
**Koenig Park, Reading, Ohio**

## EMERGENCY MEDICAL & RELEASE FORM

Camper's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's name \_\_\_\_\_ Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Father's name \_\_\_\_\_ Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Insurance co. \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to camper \_\_\_\_\_

Please identify any relevant history (allergies, medications, or impairments) to which a physician treating your child should be alerted. \_\_\_\_\_

In the event that reasonable attempts to contact me are unsuccessful, I/we give Consent to any treatment deemed necessary by the physician or dentist name above or by another licensed physician or dentist, and for the transfer of the camper to the hospital named above or to any hospital reasonably accessible.

I give my daughter permission to participate in a Mt. Notre Dame sports camp. I certify that she is physically fit to participate in supervised athletic situations. I have listed below any and all limitations that should be placed on her athletic participation. My daughter is fully covered by medical insurance. Should she sustain any injuries at this camp, I will not hold Mt. Notre Dame or its coaches, camp staff, or other participants responsible.

Limitations of Athletic Participation: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_