



### Miami East Softball Youth Camp

**Dates: June 12, 13, and 14 (Monday-Wednesday)**

**Time: 9:00-11:30 Grades: 1-6 (2022-2023)**



The Miami East High School coaching staff and players will be conducting a softball skills camp that concentrates on developing the fundamental skills of the participants. Instruction will focus on developing those skills necessary for players to be successful in game situations. All aspects of softball will be addressed including throwing, fielding, base running, pitching, catching, and hitting. The players will also participate in different game-like competitions in order to improve their understanding of the rules and strategies of the game. Each camper will receive a camp T-shirt. Participants should wear appropriate softball attire. Campers are encouraged to have pants and/or sliding shorts so that base running and sliding can be taught effectively. If it would rain, we will be in the Board Gym for camp.

Campers need to register by Wednesday, May 24. Cost of the camp is \$30.00. Checks should be made payable to **Miami East Softball**. Please mail payment and registration to:

**Brian Kadel**  
**420 N. State Route 201**  
**Casstown, Ohio 45312**

If you have any questions, please contact Coach Brian Kadel at [bkadel@miamieast.k12.oh.us](mailto:bkadel@miamieast.k12.oh.us)

#### Miami East Softball Youth Camp Registration

Return Application and Payment (\$30.00)

Payment Type:  Cash  Check # \_\_\_\_\_

<b>Camper Name:</b> _____	<b>Shirt Size:</b> YS YM YL AS AM AL AXL	<b>Grade (2022-2023 School Year):</b> _____
<b>Address (City, State, Zip)</b> _____		
<b>Guardian Contact Information:</b> Contact #1 Name: _____ Cell # _____		
Contact #2 Name: _____ Cell # _____		
<b>Facts concerning your child's medical history the camp staff should be aware of including allergies, medications, asthma or any other important medical conditions</b>		
_____		
_____		
I, _____, give permission for _____ to participate in the Miami East Softball Youth Camp. By signing this waiver, I acknowledge the possibility of injury at this camp and hereby assume full responsibility for medical bills as a result of any injury incurred. Miami East Local Schools and the camp staff are not responsible for any injuries, treatment, and/or any financial payment in the event of any injury to the athlete.		
Parent/Guardian Signature _____	Date _____	Emergency Contact During Camp: _____ Cell# _____