



**Liberty
Mini Softball Camp
Grades 3 – 8
July 24, 25 & 26
5:30 – 7:30 pm each night**



The following information is very important in order to assure your student athlete of prompt medical care in case of injury. **Please provide complete and legible information.**

Student Last Name, First Name, Middle Name/Initial

Date of birth

Student Address (street, city, zip)

3 4 5 6 7 8
Circle grade for 2019 2020

Father's Name

Home Phone #

Cell Phone #

Mother's Name

Home Phone #

Cell Phone #

In case of emergency, if parent is not available, please contact:

Name Phone #

Name Phone #

Please list any medical (physical, social, emotional) conditions that coaching/school staff needs to know about the athlete: (include inhalers, epi pens, etc)

PARENT or LEGAL
GUARDIAN SIGNATURE (X) _____ **DATE** _____

Please send a check for \$25 made payable to Liberty Softball by July 5th to get a camp t-shirt
Mail the check to Sara Reichert
947 E 2300th Street
Liberty, IL 62347

WALK INS WILL BE WELCOME BUT THEY WILL NOT GET A T-SHIRT