## **2020 MONROE SOFTBALL CAMP**



April 6<sup>th</sup> & 7<sup>th</sup>

9:30 am—12:00 pm

**ALL** Grades: 2nd to 6th

Come meet and learn from the 2020 Monroe Bearcat softball team. All skill levels are welcomed. We will go over individual defensive and offensive skills.

**CAMP STAFF:** The camp will be run by the Monroe High School softball

players and coaches

COST: \$40 includes camp t-shirt and prizes throughout camp

This is a fundraiser for the softball program.

REGISTRATION DUE BY TUESDAY MARCH 31ST TO GUARANTEE A TSHIRT

**WHAT TO BRING:** Glove, bat, helmet and water.

**LOCATION:** Monroe High School Softball Field—17001 Tester Rd

Monroe, WA 98272

MAKE CHECKS PAYABLE TO: Monroe High School

MAIL TO: Ashley Tuiasosopo—17001 Tester Rd, Monroe, WA 98272

EMAIL: tuiasosopoa@monroe.wednet.edu

\*A confirmation email will be sent once registration and payment are received\*

REGISTRATION FORM IS ON THE BACK OF THE FLYER

## **Monroe Softball Camp Registration**

Name:		Grade:					
Email:			Phone:				
Skill Level (circle one):			⁄ear	Little	League	Select	
T-Shirt Size (circle one):	Youth M	Youth L	Adul	t S	Adult M	Adult L	
	<u>Particip</u>	ant Waiv	er and	d Rele	<u>ease</u>		
I am fully aware of the spiury, death or other consity. Being fully informed in the above described a right of recovery from or cluding camp organizers, sonal injury, death or other parent or guardian of ment necessary at any capt or physician to perform a ball Camp activity.	equences the as to these rectivity, I here to bring suite sponsors, super consequent of the above amp facility.	isks and in one by assume the against the upervisors, one capplicant, I gall authorize a	e or resionsider all risks Monro coaches gout of give my	of injuse School and or the parmin permination, e	ctly or indirectly or indirectly or liability or liability on District and ther participation in the ssion for any mergency merge	ectly from the act ege of participating y and waive any nd its affiliates in- pants for any per- n the activity. As y emergency treat nedical facility, and	iv g -
Signature of Participant:						Date:	-
Signature of Parent/Gua	rdian:					Date:	