



JENNIE FINCH SOFTBALL CAMP



Bringing USA Olympic Gold Medalists to South Glens Falls, NY!

Learn to practice like a champion, play like a champion and live like a champion!

Join Jennie Finch and her Olympic and Professional softball teammates for two full days of personal instruction covering all aspects of softball. Come and learn from the best softball players in the world. Discover what it takes to be a Champion on and off the field!

Saturday, May 7th 8:00am – 3:00pm
Sunday, May 8th 9:00am – 2:00pm

Open to girls 3rd grade and up
Bring glove and other equipment needed to participate

Town of Moreau Harry J. Betar Jr. Recreational Park
19 Jan Avenue
South Glens Falls, NY 12803

\$205.00 per camper
\$25 cancellation fee before April 23rd
No refunds after this date

Campers receive:

- Lunch both days
- Official Camp T-shirt
- Autographed photo of Jennie
- Certificate of participation
- Photo taken with Jennie and her medals

Camp specifics:

- Q&A session for campers, coaches and parents
- Finch Windmill demonstration
- Pitching demo by Jennie
- Hitting demo by Professional Coaches

Advanced registration is required and participation is limited.

For more information go to www.JennieFinch.com

TEAM DISCOUNT- TAKE 10% OFF (MUST REGISTER TOGETHER, BY MAIL, 10 OR MORE GIRLS)

Mail registration form and payment to: JF Softball Camp, PO Box 2496, Sulphur, LA 70664

Registration Form

Camper Name _____ Age _____ DOB _____ Grade ('15-'16 School Year) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Emergency Phone () _____
 Parent's E-mail Address _____ T-Shirt Size (specify Youth or Adult) _____

Enrollment confirmation will be sent via E-Mail

Authorization to Participate / Insurance Verification / Liability Release

I give my daughter _____ permission to participate in the Jennie Finch Softball Camp to be held at South Glens Falls, NY. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the Camp program as outlined in the brochure/website. I hereby authorize the staff of Jennie Finch Softball to act for me according to their best judgment in any emergency requiring medical attention. I give my permission for my child to be treated by a physician and/or hospital should immediate attention be deemed necessary and recognize that any fees incurred will be my responsibility.

I hereby waive and release South Glens Falls, Town of Moreau Harry J. Betar Jr. Recreational Park, Adirondack Xtreme, Coach Jennie Finch or any staff members of any liability for injury or illness sustained while participating in this camp.

I also understand that the Camp retains the right to use for publicity and advertising purposes photographs of campers taken at the camp.

Name of Parent or Guardian (please print) _____ Date _____

Signature of Parent or Guardian (required) _____

Required medical info: Date of last Tetanus Shot _____

Insurance Company _____ Policy# _____