

# Blue Chip Fastpitch Camp

Grades Incoming 4<sup>th</sup>-9<sup>th</sup>

May 31-June 2, 2022 @ College Park High School Softball Field

8:00-10:00 AM

Camp Fee: \$90 (includes camp t-shirt if registration received by May 18<sup>th</sup>)



## Camp Description:

The camp will provide comprehensive instruction on the fundamentals of softball with an emphasis on execution. All skills will be taught at a level that will help you become a better softball player.

## Head Coach/Camp Director:

Joseph Schulze is in his 6<sup>th</sup> year at College Park and 4<sup>th</sup> as the Head Softball Coach. He has over 20 years of softball coaching experience with the majority of that time as a Head Coach. He guided many teams to the playoffs and secured several District Championships along the way. His primary area of expertise is pitching with a strong influence on hitting and analytics.

## The College Park Softball Program:

The College Park Softball Program is an up and coming group of outstanding athletes who are dedicated to putting the program on the map in southeast Texas and beyond. Our excellent facilities make for an amazing experience where training and success become a part of the players everyday life.

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College Park Softball Camp Application:

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2022: \_\_\_\_\_

Parent's Name and Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Medical Contact: \_\_\_\_\_

Shirt Size (circle one): Youth Large Adult Small Medium Large XL

**\*\*Make Checks Payable to Joseph Schulze\*\***

Mail to: College Park High School

Attn: Joseph Schulze

3701 College Park Drive

The Woodlands, TX 77384

Camp Waiver: I hereby authorize the camp staff to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive Conroe ISD and the CPHS camp staff from any and all liability for any injuries incurred while at the College Park softball camp. I have no knowledge of any medical problem or physical impairment that would affect the above named camper to safely participate in the camp as outlined in the flyer. By signing this statement I understand that CISD does not carry insurance covering injuries that my child may incur and they can not be held responsible for any accident or payments resulting from such accident. In the event of an injury to my child, I recognize that CISD, the Board of Trustees, its agents and its employees are in no way liable for injuries, medical expense, or damage and they will not be covering our child. I certify that the camper is covered by a medical insurance policy in case of illness or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Name and Number: \_\_\_\_\_

On the back, please indicate any Medical Conditions that the camp staff should be aware of.