

HAMILTON HIGH SCHOOL SOFTBALL

Summer Fastpitch Softball Camps (7-14 Year Olds)

A three day skill development camp with instruction, drills and competitions for 7-14 year olds. Players will learn from the Hamilton High School coaches and players and develop the fundamentals—throwing, pitching, fielding and hitting. Players will partake in some of the same instructional, competitive, and fun drills as the high school program does! Players will receive a camp t-shirt. We are also offering a two day Pitching Clinic as well.

CAMP INFORMATION

June 27-29nd 2022	June 27-29th 2022	July 11-12 2022	July 11-13 2022
SKILL DEVELOPMENT CAMP FOR 7-10 year olds 10:00-12:00 p.m. FIELDING FUNDAMENTALS & HITTING \$65	SKILL DEVELOPMENT CAMP FOR 11-13 year olds 12:00-2:00 p.m. FIELDING FUNDAMENTALS & HITTING \$65	PITCHING CLINIC 7-10 Year Olds 10:00 am - 11:00 a.m. 11-14 Year Olds 11:00 am - 12:00 p.m. \$35 <small>*Pitchers must supply their own catchers</small>	Incoming Freshmen Camp 12:00 p.m. - 2:00 p.m. \$65

What to bring: glove, cleats, bat, pants, and a great attitude!
Pitchers must supply their own catcher for the Pitching Clinic.

Where: Hamilton Softball Fields

Cost: \$65 (check made out to Hamilton Softball)

*Checks will not be cashed until after each camp is held

Instructors: Hamilton varsity coaches and players.

Questions? Contact Head Coach Kaylee Gendrich at
kgendric@waukesha.k12.wi.us



COMPLETE REGISTRATION ONLINE

**HAMILTON
CHARGERS**
SOFTBALL



OR you may complete this form for Camp Registration

Registration Deadline: **WALK UPS WELCOMED!**

Shirt Size (circle one): YS YM YL S M L XL

Participants Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Email: _____ Name of Camp Attending: _____

I hereby waive, release, and forever discharge the Sussex Hamilton School District, and their representatives from any liability that may occur during participation in any program. I am aware of the risks involved with activities and verify that this participant is physically fit to participate. I grant permission for my son/daughter to receive medical treatment by a medical professional if necessary.

Parent/Guardian Signature: _____ Date: _____

Mail the registration form or drop off at:
Hamilton School District
Attn: Girls Softball
W220 N6151 Town Line Rd, Sussex, WI 53089
Please make checks payable to: Hamilton Softball