

### PHILOSOPHY

This 3 - day camp is an excellent opportunity for the area player who is interested in improving themselves as a fastpitch softball player. Concentration will be placed on establishing and improving on the basic skills such as throwing, hitting, base running, defensive and offensive strategies. It is three exciting nights of softball with a major emphasis of fun, fundamental skill development, tactics and competition.

### CLINIC DIRECTOR

Jaime Kyllis, MS (Head Softball Coach at Mount Olive College). Kyllis will be accompanied by her assistant coach, Morgan Nicholas as well as current players of the 2008-2009 Trojan Softball Team.

### EQUIPMENT

All athletes should wear comfortable clothing for softball, as well as bring their own personal gear such as a glove, bats, and anything else they should need to practice. Please make sure athletes have all of their gear labeled with their name in case it gets left behind. Please bring a water bottle. Athletes should also bring appropriate footwear for indoor activities in case of bad weather.

### CLINIC INFORMATION

This 3 - day camp will begin with check in at 5:15pm on Monday, and wrap-up at approximately 9:00pm on Wednesday. The cost of the day clinic is \$100 and includes a clinic t-shirt and a variety of awards will be given at the conclusion of the clinic. Dinner will not be provided.

Please contact Jaime Kyllis for any information regarding this clinic, at the Mount Olive College Softball Office at 919-658-7808 or 919-658-7873. Registration will end two weeks prior to camp or until a maximum of 50 campers have registered. **RSVP early. Registration ends May 25.**

### DAILY SCHEDULE

<b>5:15pm</b>	<b>Check - in</b>
<b>5:30pm</b>	<b>Warm-up</b>
<b>5:45 pm</b>	<b>Throwing Techniques</b>
<b>6:00 pm</b>	<b>Break</b>
<b>6:10 pm</b>	<b>Staff Demonstration</b>
<b>6:30 pm</b>	<b>Training Session</b>
<b>7:30pm</b>	<b>Break</b>
<b>7:40 pm</b>	<b>Training Session</b>
<b>8:15 pm</b>	<b>Break</b>
<b>8:30 pm</b>	<b>Game Strategies</b>
<b>9:00 pm</b>	<b>Cool/Wrap-down</b>

### CLINIC APPLICATION

**Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**T-Shirt Size:** AM AL AXL  
: YM YL YXL

**Primary Position** \_\_\_\_\_

**Secondary Position** \_\_\_\_\_

**Signature of Parent or Guardian:**  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Person:**  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please make checks payable and return to:**

Jaime Kyllis Higginbotham  
634 Henderson Street  
Mount Olive, NC 28365

**Authorization to Consent to  
Health Care for a Minor**

The undersigned, being the custodial parent or guardian having legal custody of the said minor child, authorizes the staff of MOC Softball Camp:

(1) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other persons whose services may be needed for such health care, and

(2) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel, except the withholding or withdrawal of life sustaining procedures.

By signing here, I agree to pay through my health insurance coverage or otherwise for any medical treatment provided under this authorization. I also agree to release and discharge the MOC Softball camp and its staff and Mount Olive College, Inc. and its officers, trustees, employees and agents from any and all claims, demands, liabilities, obligations, actions or causes of action known or unknown for any injuries incurred by said minor child while attending MOC Softball Camp or treatment for such injuries.

Signature of Parent or Guardian:

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**Mount Olive College  
Presents**

***Fundamentals of  
Fastpitch***



***Softball Camp***

**June 8, 9, & 10, 2009**

**5:30pm-9pm**

**\*Nightly**