

MOUNT NOTRE DAME HIGH SCHOOL COUGARS SOFTBALL CAMP

Mount Notre Dame Softball head coach Jackie Cornelius and her staff will be conducting the Cougar Softball Skills Camp. The camp will be run by current and former College and Professional players and coaches, ensuring that each camper receives the highest quality instruction available in the area.

Staff will include:

JACKIE CORNELIUS – MND Head Coach, Oak Hills grad, Cleveland State University 4 yr player, European National team player and coach, Michigan Ice professional team player, current hitting instructor at Sports of All Sorts

EMILY FUTSCHER – Oak Hills Head Coach, Ohio University 4 yr starter, former Ohio University coach

KERI BENNETT – MND Asst. Coach, Portsmouth West grad, Shawnee State University 4 yr starter

Other current and former college players and coaches

June 9-10, 2008

**Mount Notre Dame High School
711 E Columbia Ave, Cincinnati, OH 45215**

\$50 (includes camp t-shirt)

SESSION 1 Entering grades 3 thru 6 9:00 – 12:00

SESSION 2 Entering grades 7 thru 12 1:00 – 4:00

***Ask about our private team camps.
(10 hours of instruction geared to your team's needs)***

Areas of Focus:

- Hitting
- Bunting
- Slapping
- Base Running
- Infield Skills
- Outfield Skills
- Catcher Drills

**Registration Space
limited, reserve your
spot today!**

Complete this form and Emergency Medical Release and return to the address listed below.

Camper's name _____ Grade in fall _____

Address: _____ t-shirt size: YM YL AS AM AL

City, State, Zip: _____

Home Phone: _____ Parent cell phone _____

Email address (mandatory for confirmation) _____

Make checks payable to: Jackie Cornelius
Mail to: MND Softball Camp
4472 Hidden Oaks Lane
Hamilton, OH 45011



For more information: www.mndsoftball.com or phone 703-6109

Registration deadline: May 27, 2008

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**June 9 and 10, 2008
Mount Notre Dame High School**

EMERGENCY MEDICAL & RELEASE FORM

Camper's name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone _____

Place of Employment _____ Phone _____

Father's name _____ Phone _____

Place of Employment _____ Phone _____

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Hospital _____ Insurance co. _____

Emergency Contact _____ Phone _____

Relationship to camper _____

Please identify any relevant history (allergies, medications, or impairments) to which a physician treating your child should be alerted.

In the event that reasonable attempts to contact me are unsuccessful, I/we give Consent to any treatment deemed necessary by the physician or dentist name above or by another licensed physician or dentist, and for the transfer of the camper to the hospital named above or to any hospital reasonably accessible.

I give my daughter permission to participate in a Mt. Notre Dame sports camp. I certify that she is physically fit to participate in supervised athletic situations. I have listed below any and all limitations that should be placed on her athletic participation. My daughter is fully covered by medical insurance. Should she sustain any injuries at this camp, I will not hold Mt. Notre Dame or its coaches, camp staff, or other participants responsible.

Limitations of Athletic Participation: _____

Parent Signature _____ Date _____