

# St. Norbert College 2018 Winter Softball Camps

Hitting, pitching, catching, fielding skills, base running  
& offensive strategies

**WHEN:** Sundays, Jan. 28, Feb. 11, Feb. 18  
and Feb. 25, 2018

**TIME:** Jan. 28 and Feb. 11 – 10:30am-12noon  
Feb. 18 and 25<sup>th</sup>-10am-2:15pm

**GRADES:** 3<sup>rd</sup>-12<sup>th</sup>

**Cost:** \$50.00 for Jan. 28 & Feb. 11 and \$65.00  
for Feb. 18 & 25<sup>th</sup> - \$100.00 if attending 2 camps

**Where:** St. Norbert College, Mulva Family  
Fitness Center, 100 Grant St., De Pere, WI 54115

**QUESTIONS OR FOR MORE INFORMATION:**

Contact JoAnn Krueger,  
Head Coach  
920.619.6237

Email: [joann.krueger@snc.edu](mailto:joann.krueger@snc.edu)

**For directions:** [www.snc.edu/campusmap](http://www.snc.edu/campusmap)



Basic and advance softball pitching, catching, hitting, fielding fundamentals and skills for the young softball player including game like situations (i.e., base running and offensive strategies). When it comes to developing young softball student-athletes, the SNC coaching staff is one of the elite in the area. The camp will cover concepts essential to every young player, regardless of skill or experience level.

**WHAT TO BRING:**

Glove, bat, batting helmet, tennis shoes, catching gear (if possible), appropriate workout attire, including sweat pants for sliding, and a snack.

**Pitchers DO NOT need to supply their own catcher!**

**PRE-REGISTER by the Thursday prior to each camp:**

Please go to our website to register: [www.snc.edu/athletics/softball](http://www.snc.edu/athletics/softball). Cost for camp: \$50 for Jan. 28 and Feb. 11 camps and \$65.00 for Feb. 18 and 25<sup>th</sup> dates!

**Late registration** fee day of camp for Jan. 28 and Feb. 11 is \$55 and \$70.00 day of camp on Feb. 18 & 25<sup>th</sup>

St. Norbert College  
2018 Winter Softball Camps

Please **check off camp date(s)** below you plan to attend!

- Sun., Jan. 28, 10:30-12noon– Pitcher/Catchers–Grades 3-7<sup>th</sup>  
 Sun., Feb. 11, 10:30-12noon-Pitcher/Catchers–Grades 8<sup>th</sup>-12<sup>th</sup>  
 Sun., Feb. 18 – 10am-2:15p -**All Skills Camp** – Grades 3<sup>rd</sup>-7<sup>th</sup>  
 Sun., Feb. 25 -10am-2:15pm- **All Skills Camp** – Grades 8<sup>th</sup>-12<sup>th</sup>

**NOTE:** If attending 2 camp sessions – special discounted rate is \$100.00!

**NOTE:** All Skills camps on Feb. 18 and Feb. 25<sup>th</sup> include pitching/catching, hitting, defensive skills and baserunning

**How to Sign Up:**

1. Print this form
2. Parent/Guardian signature required
3. Include payment: checks payable to:  
St. Norbert College
4. Mail to:  
St. Norbert College Softball Fall Camp  
Attn: Joann Krueger, Head Softball Coach  
100 Grant St.  
De Pere, WI 54115

Player Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

*Check off only 1 primary position below you'd like to focus on when we break in specific small group skill instruction portion of the skills camps and for pitching/catching camps!*

Pitcher ( ) Catcher ( ) Infield/OF ( )

**NOTE:** Everyone will be included in the hitting portion of the all skills camps!

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_

**THANK YOU!**



SNC WINTER SOFTBALL CAMP  
PERMISSION & MEDICAL RELEASE

I understand and acknowledge that my child may suffer serious injury by participating in the St. Norbert College Softball Clinic. With full knowledge of the risk enumerated, I hereby authorize the clinic coaches, trainers, and athletic staff, in my behalf, to administer emergency medical treatment to attending the above mentioned clinic. This permission extends the right of those enumerated to arrange for medical personnel, and for them to apply any emergency techniques they deem appropriate to treat any injury or illness sustained by my child.

I hereby agree to release, indemnify, and hold harmless St. Norbert College Inc. and the Premonstratensian Fathers, and their officers, directors, staff, members, and agents from damage, or death to my child or her personal property arising from or in connection with the participation of my child in any of the St. Norbert College softball clinics, including damages related to medical care as authorized in this statement. I certify that my child is in good health and is able to participate in this camp without risk to her health. I, the guardian of the registrant, agree that I and the registrant will abide by the rules of the clinic. I have read and fully understand the above statements

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Emergency Phone Number