

# 2022 BULLDOG SOFTBALL CAMP

June 6<sup>th</sup>-8<sup>th</sup> 2022



**WHO: INCOMING 3rd-9<sup>th</sup> GRADE**

**WHEN: 8:30 AM-10:00 PM (3<sup>rd</sup>-6<sup>th</sup> Grade) CHECK IN AT 8:15 AM on the first day**  
**10:30 AM-12:30 PM (7<sup>th</sup>-9<sup>th</sup> Grade) CHECK IN AT 10:15 AM on the first day**

**WHERE: Alvord HS Softball Field**

**COST: \$50 per player**

**\*\*Snacks and drinks will be available for PURCHASE during the breaks\*\***

The camp will be conducted by the Alvord coaching staff. The coaches will provide each athlete with individual attention on basic skills as well as providing opportunities for athletes to develop proper techniques.

\*The objective of this camp is to teach the fundamental skills of throwing, hitting, & base running; as well as the mental side of the game of softball and TO HAVE FUN.

\*Daily competitions add to the fun as well as emphasize basic softball skills.

\*Kids will be grouped according to grade or size/skill level.

\*All participants in the camp will receive a T- Shirt.

## WHAT DO I NEED FOR CAMP?

- 1. ATTIRE: SOFTBALL GLOVE, Shorts, t-shirt, socks, tennis shoes, sunscreen, water.**
- 2. JEWELRY: Please leave all jewelry at home. We will not be responsible for valuables.**
- 3. HAIR: It must be in a ponytail or pulled back out of the face. Visors or Caps may be worn.**
- 4. COMPLETED APPLICATION FORM**

---

**MAKE CHECKS PAYABLE TO: Cody Blair 1049 W. Bypass Hwy 287, Alvord, TX 76225**

NAME(S) \_\_\_\_\_ **GRADE** \_\_\_\_\_ (May 2022)  
(Use the current May 2022 School Year for "Grade")

ADDRESS \_\_\_\_\_ Parent Contact # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

T-Shirt Size = \_\_\_\_\_ (YS, YM, YL, AS, AM, AL, XL, 2XL)

Waiver Claims: I, as a parent or guardian, hereby give permission for my child to participate in the Bulldog Softball Camp and acknowledge the fact that she is physically able to participate in camp activities. I hereby authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son or daughter. I hereby waive any claim I might have against Alvord ISD.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/'22