



# **Bemidji State University**

## **Beavers Softball Skills Camp**

### **2019**



**Saturday, February 9<sup>th</sup> 3 Sessions**

**High School (14-18 yrs of age)**

**Session 1: Pitchers & Catchers 11:00-12:30pm**

**Session 2: Fielding 1:00-2:30pm**

**Session 3: Hitting 3-4:30pm**

**Sunday, February 10<sup>th</sup> 2 sessions**

**Youth (8-13 yrs of age)**

**Session 1: Pitchers & Catchers 11:00-12:30pm**

**Session 2: Hitting & Fielding 1:00-3:00 pm**

You are invited to participate in our Beaver Softball Skills Camp. Instruction will be provided by the BSU softball coaching staff and players in the newly renovated John Glas Fieldhouse (220 19<sup>th</sup> St NE Bemidji, MN, 56601) on BSU Campus. Camp will be divided up into position specific sessions such as pitching/catching, fielding and hitting. The pitching, catching and fielding sessions will help with fundamentals and learning various new drills. The hitting session will cover the fundamentals of the swing, drills to help with proper swing path, and the mental approach to your plate appearance.

**Information:** Advanced registration is appreciated. Tennis shoes are recommended, molded cleats and turf shoes are also allowed. NO metal cleats will be allowed. Catchers please bring your own gear.

Please register by **Monday, February 4<sup>th</sup>, 2019.**

**Cost for Sessions:** \$30.00 for one session, \$50.00 for two or \$70 for all three sessions.  
Cash and checks are accepted.

**What to bring:** Please bring any softball equipment you own and use such as: glove, tennis shoes, bat, batting gloves, helmet, catcher's gear, etc.

**Contact:** Head Coach Rick Supinski at 218-755-2072 or at [rsupinski@bemidjistate.edu](mailto:rsupinski@bemidjistate.edu) with any questions.

**Make Checks Payable to:** BSU Softball

**Send to:** BSU Softball  
Business Office, #5,  
Bemidji State University  
1500 Birchmont Drive NE  
Bemidji, MN 56601

# BSU Softball Skills Camp Registration Form

Please fill out attached registration form and send with form of payment to  
BSU Softball at Business Office, #5, Bemidji State University, 1500 Birchmont Drive NE, Bemidji, MN 56601

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Grad Year: \_\_\_\_\_ Age: \_\_\_\_\_

Summer/Club Team: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper Email: \_\_\_\_\_

Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_

**Please put a check mark by the session(s) you are interested in. All sessions will be held in John Glas Fieldhouse.**

## High School Session Desired Saturday Feb. 9<sup>th</sup>

Session 1      11:00am-12:30pm      Pitching & Catching      \_\_\_\_\_

Session 2      1:00pm- 2:30pm      Fielding      \_\_\_\_\_

Session 3      3:00pm- 4:30pm      Hitting      \_\_\_\_\_

## Youth Session Desired Sunday Feb. 10<sup>th</sup>

Session 1      11:00am-12:30pm      Pitching & Catching      \_\_\_\_\_

Session 2      1:00pm- 2:30pm      Fielding & Hitting      \_\_\_\_\_

### BSU Athletic Consent for Participation and Medical Information

I understand that Bemidji State University and the softball team does not provide medical insurance for the clinic participants. Bemidji State University Camp Directors and Instructors will not be held responsible for injuries or loss of property while my daughter/grandchild or child under my care is attending the clinic. I hereby release Bemidji State University, its officers, agents, student athletes and employees from any and all liability, including claims and suits in law or equity for any injury, fatal or otherwise. I will be responsible for all medical or hospital expenses for my daughter/grandchild or child under my care while attending the camp and authorize Bemidji State University to act for me should a medical emergency arise.

In case of emergency, contact: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

Medical Issues that camp instructors should be aware of \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature: (required)

\_\_\_\_\_  
Parent/Guardian Name (print)