



Typical Camp Day

- 8:30 Welcome Meeting
- 8:45 Warm-up / Stretching
- 9:15 Group Stations:
Instruction / Drills
- 10:00 Competitions
- 11:00 Lunch
- 11:30 Lecture:
Guest Speaker
- 12:00 Games
- 12:25 Round Up



- Bagged Lunch Optional
- Food and snacks may be purchased from the snack bar.
- **Each camper should bring:**
 - Softball glove, bat & hat
 - Cleats & sneakers
 - Water (water coolers will be provided on all fields)
 - Sunscreen & bug spray

Profile of Staff

Jason Kalish

- ❑ JTHS Head Varsity Baseball Coach

Amy Pearce

- ❑ JTHS Head Varsity Softball Coach

Counselors

- ❑ Former/Current JTHS Baseball and Softball Players



Incentives

- Each camper will receive:
- Falcon Softball Camp T-Shirt
 - Individual Honors and Prizes will also be awarded

JEFFERSON



Softball Camp

The main objective of the 2019 Jefferson Softball Camp is to get young people excited about the game of softball. Our energetic staff will give each camper the knowledge that will help them become a more successful softball player. We take pride in providing the foundation of softball fundamentals.

Date: July 1st- July 5th

* Camp will be available on July 4th

Time: 8:30 A.M. - 12:30 P.M.

Place: Jefferson Township H.S.

Age Range: 7-14 years old. (2nd-9th grade)

Cost: \$125 per camper

Please check the web site for other Camps: www.jefftwp.org Athletic Dept.

SOFTBALL CAMP APPLICATION

Today's Date: _____

Athletes Name: _____ Parent's Name: _____

Address: _____

E-Mail: _____

Phone # (H) _____ Phone # (cell) _____

Emergency Contact _____ Phone # _____

Year In School Next Fall _____

T-Shirt Adult XL L M S

T-Shirt Youth L M S

My child has permission to attend the Jefferson Softball Camp. I certify that within the past year he has had a physical examination and that now he is physically able to participate in baseball camp activities without restriction. In the event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Jefferson Softball Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at the Jefferson Softball Camp he may incur a risk of injury. I specifically waive and give up and release the Jefferson Softball Camp and staff from liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

*I understand that any pictures taken by Jefferson Softball Camp may be used for promotional purposes.

Parent/Guardian Signature _____

*Please make checks payable to: **Falcon Sports Training**

Mail to:

Jason Kalish
44 Edison Terrace
Sparta, NJ 07871
201-315-0972