

Parental Statement

My child is physically capable of participating in softball camp activities. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Parent/Guardian's Signature Date

Emergency Phone Number During Camp Hours

Emergency Contact Person

Insurance Co. Policy #

Please return and enclose \$80 to:

Brandi Aiken
James F. Byrnes High School
P.O. Box 187
Duncan, SC 29334
After May 31st please call: 965- 8869
*\$10 On-site registration fee the day of camp



James F. Byrnes High School
2013 , 2014, 2015 District Champions
2007, 2006 , 2016 Upper State Champions
1991, 2005, 2014 State Champions

JAMES F. BYRNES HIGH SCHOOL

Brandi Aiken
Byrnes High School
P.O. Box 187
Duncan, SC 29334

JAMES F. BYRNES HIGH SCHOOL

2017 Lady Rebels Softball Camp



June 5th - 8th

Ages: 5-10

Time: 8:30-11:30 a.m.

Ages: 10-16

Time: 5:30-8:30 p.m.

Camp Director:
Brandi Aiken
Byrnes High School
Head Softball Coach

Camp Activities

- ⇒ Play softball games with your own age and/or ability level.
- ⇒ Individual position work.
- ⇒ Fundamental stations: Base running, Throwing, Catching Fly Balls, Catching Ground Balls, Hitting, Bunting, Slapping, etc.
- ⇒ Camp T-Shirt.
- ⇒ Snacks
- ⇒ Awards on Final Day.
- ⇒ Wednesday: At the end of camp you will get wet practicing sliding on a slip-n-slide.
- ⇒ **Lady Rebel Web Page:**

[http://
www.byrnerebelsathletics.com/girls-
softball](http://www.byrnerebelsathletics.com/girls-softball)

Camp Staff Members

Byrnes High School Coaching Staff and both former and current collegiate softball players from:

Erskine College, Furman University, Limestone College, Converse College, Florida State, Lander University, Mars Hill, North Georgia University, Columbia College, Anderson University, and USC-Upstate.

Application

Camper: _____ Age: _____

Parent/Guardian Name: _____ Upcoming Grade: _____

Address: _____ School: _____

Home Phone: _____ Alternate Phone: _____

Primary Position that you play: _____

T-Shirt Size: S M L XL (circle one) Youth or Adult (circle one) ** Please enclose \$80

Check-In: Monday, June 5th from 7:50-8:25 and 5-5:30 ** \$10 on-site registration fee the day of camp

Check payable to James F. Byrnes High School