

Sauk Valley Community College Softball Team is conducting a camp for 5th-8th and High School softball players. This is an instructional camp for all levels of competition. Sessions will be split into offense and defense. The camp will be conducted by Head Coach Bob Lowe and assisted by the Skyhawk softball players.

Coach Lowe brings a decade of fast pitch softball experience to his position as head coach of the Sauk Valley Skyhawks softball team. He has seen a number of his students go on to the college level including all three of his daughters.

Camp Fee

One Session	\$25
Two Sessions	\$40
All Sessions (your grade only)	\$50

Please check the sessions that you wish to attend.

5th-8th Grades

Hitting/Slapping 10-11 am; Fielding/Pitching 11-12.

- Monday, December 26, 2011
- Tuesday, December 27, 2011
- Wednesday, December 28, 2011
- Thursday, December 29, 2011

High School Grades

Hitting/Slapping 1-2 pm; Fielding/Pitching 2-3.

- Monday, December 26, 2011
- Tuesday, December 27, 2011
- Wednesday, December 28, 2011
- Thursday, December 29, 2011

Camp Registration Form

Name _____

Address _____

City State – Zip _____

Age _____ Grade _____

Phone _____

E-mail _____

Shirt Size PLEASE CIRCLE

Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Please complete the consent form on back and mail with payment made to Sauk Valley College Softball send to:

Coach Bob Lowe
Sauk Valley Community College
173 IL Rt 2 Dixon, IL 61021

Camp sessions will be held on campus at the indoor facility. *Located on the SouthWest Corner of the Campus.*

For more information contact:
Head Coach Bob Lowe at (815)289-9153 (cell)
Or email him at lower@svcc.edu

SVCC Softball Camp - Consent Form

Please Print

Player Name _____

Parent Emergency Phone Number _____

Insurance Company _____ Policy Number _____

I/We the undersigned (parent or guardian)

of _____ a minor participating in the Skyhawk Softball Camp at Sauk Valley Community College in Dixon, Illinois, do hereby authorize the participation of, and accept responsibility for the attendance of the said minor in the above camp on the Sauk Valley campus, and all activities in connection therewith, conducted under the auspices of the Sauk Valley Community College Department of Athletics.

I/We request the said minor be permitted to participate in said camp, having been informed and advised regarding the nature and purpose of said camp and the activities conducted there under. It is my/our full and free decision to allow said child to participate.

I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operations will be performed, EXCEPT IN EXTREME EMERGENCY, without parents being contacted and fully informed and their consent obtained. Neither the College Board, Administration, Directors, nor anyone connected with the camp assumes any responsibility for accidents, medical, dental, or any other expenses incurred as a result of accidents while attendance or participating in the camp.

Parent or Guardian _____

Date _____



Sauk Valley Skyhawks

Winter Break Fastpitch

Softball Camp

December 26-29, 2011

