



Boise High Softball Youth Developmental Sessions

Winter Camp (December and January)

Hitting Focus

(with a little throwing, footwork, and fielding work included)

Ages: 8 to 13-year old's interested in preparing for their upcoming spring season

Dates:

December 3, 10, 17: Every Sunday in December Not on a Holiday

January: 7, 14, 21, 28: Every Sunday in January Not on a Holiday

Place: Boise High School Auxiliary Gym (Tech Gym) off Franklin and 9th street: enter through staff parking lot off Franklin St. Or

Bill Buckner Hitting Facility: [Jack Acree Legion Field: 342-372 E Garrison Rd, Boise, ID 83702](#)

Times

- 2:00 pm to 3:30 pm

Payment

Please make checks payable to: Boise High Softball. Please mail checks to Boise High: Attn. Boise Softball, 1010 W. Washington St, Boise ID 83702 prior to November 27th, or bring check on first day of Camp.

- \$150 for the 7 days of instruction, or
- \$25 per session (pay at door)

To get an idea on numbers, please email david.ruffing@boiseschools.org (Boise assistant softball coach) with a simple, "Yes, my ____ year old, named _____ wants to attend the winter camp." Or mail in the registration form as soon as possible. Payment can be taken at the door.

Guidelines

Family members and spectators are not allowed in the hitting facility during the duration of the camp as we utilize the whole hitting facility. It may be a good idea to supply your camper with their own hand sanitizer and bring a full water bottle. Please have camper layer up and wear proper softball attire (sweats, sweatshirt, athletic wear, turfs, shoes, glove, batting gloves, etc.). No cleats are allowed inside the hitting facility or gym (athletic or turf shoes only). Please bring own bat, if possible, as High school does not have the correct size and weights for the younger age groups.

2023-24 Boise Softball Developmental Winter Camp Registration Form

(Please circle the group you are registering for)

Age Group: 8 to 10 years old 11 to 13 years old

Players Name: _____

Age: _____ Birth Date: _____

Does Your Child Have Insurance: Yes____ No____?

Check Enclosed: # _____ Amount _____

Emergency Contact #1: _____

Relationship: Mother Father Relative Friend

Cell Phone: _____ Alt Phone: _____

Emergency Contact #2: _____

Relationship: Mother Father Relative Friend

Cell Phone: _____ Alt Phone: _____

Parents Email: _____

Current School Attending: _____

I hereby authorize the staff of the Boise Softball Instructional Hitting Camp to act according to their best judgment in any emergency situation requiring medical attention and I hereby waive and release, and hold harmless the Boise School District, Boise High School, and the Staff members of the Boise Softball Instructional Hitting Camp from any and all liability for any injuries or illnesses incurred while at the hitting sessions. I have no knowledge of any physical or mental impairment that would be affected by the above-named camper's participation in the Boise Softball Instructional Hitting Camp.

I have carefully read and reviewed this hold harmless, I understand it fully, and I execute it voluntarily

Executed the _____ day of _____, 20_____.

Parent/Guardian Signature