

ID CAMP



PANTHER SOFTBALL I.D. CAMP Sunday, September 10 GRADES 9-12 • 9 am-1 pm JUCO WELCOME

Weather permitting we will train outdoor on the field - please bring both your cleats and your indoor flat surface shoes.

This camp emphasizes skill testing and measurables, pitching and catching, offense, defense and scrimmage.

The camp is open to any and all high school and current junior college players.

Cost \$50

SOFTBALL I.D. CAMP CHECK IN will be at
WILLIAMS FIELD from 8:30-9 am

Online registration only at www.eiupanthers.com, Fan Zone, Sports Camps. Online registration will close once the camp is filled.

2017 Softball Camp Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: (____) _____

SCHOOL ATTENDING: _____ GRADE IN FALL, 2017: _____

DATE OF BIRTH: _____ TRAVEL TEAM: _____

POSITION(S) PLAYED: _____

SHIRT SIZE: _____

EMAIL: _____

ONLINE REGISTRATION ONLY AT WWW.EIUPANTHERS.COM

HEALTH & CONSENT FORM

This medical treatment and billing authorization form **MUST** be completed and **SIGNED** by the parent to enable the camper to participate.

Camp Attending _____ Camp Code _____

Camper Name _____ Age _____ Gender _____

Address _____

City / State / Zip _____

Emergency Contact Information

Parent / Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Health Information

Does camper have a history of:

Convulsions Heart Defect/Murmur Asthma Chicken Pox Diabetes

Bleeding Disorder Surgery (past 2 years) Mumps

Brief description of items checked _____

Medications: Type, dosage and frequency (list) _____

Allergies: (medications, foods, stings, other) _____

Insurance Information

EASTERN ILLINOIS UNIVERSITY REQUIRES that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased** (through your insurance agent) to cover the camper for the duration of the sports camp. **The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.**

Insurance Carrier Name _____

Carrier Address/Phone _____

Policy / Group Number _____

AUTHORIZATION FOR TREATMENT: I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) _____ Date _____

HEALTH and INSURANCE: Each applicant must have a **Health Consent Form** signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at www.EIUPanthers.com.

**ATHLETES MUST COME TO THE PANTHER CAMPS PHYSICALLY SOUND.
NO PREVENTATIVE TAPING WILL BE ADMINISTERED FOR INJURIES RECEIVED PRIOR TO CAMP.**

Questions? Call Coach Carly Willert at 217.581.2093 or email cawillert@eiu.edu.