



# 2011 Galaxy Softball Camp

Girls 8-12  
Thurs-Sat.  
August 4th—6th

## Camp Sponsored by Galaxy Fastpitch Softball

General Information	Registration
<p><b>Dates:</b> August 4th—6th (Sunday the 7th is a rain day )</p> <p><b>Location:</b> Galaxy Fastpitch Complex On Rt. 10 in Chuckatuck (Suffolk)</p> <p><b>Ages:</b> Girls 8 –12 years old <b>***Age as of Jan. 1, 2012***</b></p> <p><b>Times:</b> 9am—12pm Girls 8-10 yrs old 1pm—4pm Girls 11-12 yrs old</p> <p><b>Cost:</b> \$80. Includes T-Shirt</p>	<p>Completely fill out the registration form and return the entire balance. Once received, you will receive a confirmation email/phone call. The camp is limited to 35 girls per session to ensure individualized instruction.</p> <p>Please make checks payable to: <b>Galaxy Fastpitch</b></p> <p>Mail to: Galaxy Fastpitch attn.: Keith Biando 2724 Deerfield Crescent</p>

Camp Instructors	About the Camp
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Managers and Coaches from all the Galaxy's travel fastpitch teams will conduct the camp. Past "Galaxy Girls" who are now playing college ball along with members of our 23U, 18U and 16U teams will also be there to assist campers with drills and instructions.

The Galaxy Camp is for all positions and skill levels. The staff is dedicated to making the camp a fun learning experience. The camp will include instruction/ drills in all aspects of the game, plus skills challenges and controlled scrimmages.

For More Information, call 757.615.5703 or email [biandok@cox.net](mailto:biandok@cox.net)

### 2011 Galaxy Softball Camp Registration Form

Name \_\_\_\_\_ Age as of Jan 1, 2012 \_\_\_\_\_

T-Shirt Size Youth S M L XL or Adult S M L XL (Please Circle One)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current League/Team Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_

I do hereby acknowledge that my child's participation in the Galaxy Softball Camp is purely and entirely voluntary and that the Camp shall not in any way be responsible or liable for any injury, ailments, infirmities and/or disabilities which my child may encounter as the result of such participation. I understand the nature of potential risks from injury, and agree to accept these risks. I release the camp and its instructors from any and all actions for any injuries while at camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete and Mail to: Keith Biando, 2724 Deerfield Crescent, Chesapeake VA 23321**