



# SUMMER SOFTBALL CAMPS

## Softball All-Skills Camps, ages 7-11

**Monday through Thursday, 9am to 1pm; \$195**

AtBats popular softball camps combine skills training and recreation! Covers hitting, throwing, fielding and game know-how with drills, games and fun scrimmages. Player to staff ratio of 5:1. For new and experienced players.

<b>June 26-29, 9am-1pm @ Gates School Field, Acton MA</b>	
4 day camp: \$195	Per-day rate \$55: M__ T__ W__ Th__
<b>July 10-13, 9am-1pm @ Littleton High School Softball Field</b>	
4 day camp: \$195	Per-day rate \$55: M__ T__ W__ Th__

## Advanced Softball Camps, ages 12-15

**Monday through Thursday, 9am to noon; \$195**

Our advanced camps for junior high and 12-14U tournament players with coach Meaghan O'Neal and a staff of college players. This popular camp covers hitting and fielding, infield and outfield positional play, offense and defense situations and tactics, plus softball strength and conditioning.

<b>June 26-29, 9-noon @ Gate School Field, Acton MA</b>	
4 day camp: \$195	Per-day rate \$55: M__ T__ W__ Th__
<b>July 10-13, 9-noon @ Littleton High School Softball Field</b>	
4 day camp: \$195	Per-day rate \$55: M__ T__ W__ Th__



## Pitchers & Catchers Camp, ages 9-15

**July 24-27, Mon-Thurs, 9-noon @ AtBats, \$195**

This hard working camp with coaches Allie Hardy, Anna Meusel and Danielle Edmands provides detailed personal training in pitching mechanics and strategies, catching skills and techniques, game situations, hitting and defense skills, and pitcher/catcher strength & conditioning exercises.

<b>July 24-27, 9-noon</b>	<b>AtBats Training Center, Boxborough</b>	<b>\$195</b>
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PLEASE SELECT: player registering as: \_\_\_Pitcher or \_\_\_Catcher

**[CLICK HERE TO REGISTER ON-LINE](#)**

**Or register by phone (978-266-1766) or mail registration form and check to AtBats.**

Player's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone#: \_\_\_\_\_ E-mail address for notifications: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

Medical Contact Information: (Physician name, telephone #; relevant medical information, i.e.; allergies, special needs)

I hereby certify that my child is in good health and has my permission to participate in this program. I also give my permission for my child to receive any diagnostic, therapeutic and/or operative procedures as deemed necessary if emergency treatment is required and I cannot be reached. I realize that this sport involves the potential for injury, and I acknowledge that even with the use of protective equipment and observance of the rules, injuries may still occur. I hold harmless, AtBats Training Center, including any individual, group, organization or corporation that directly or indirectly organized, sponsored, contributed, licensed or volunteered their efforts to this event, from all liabilities, damages, claims or demands whatsoever on account of injury or accident involving the student arising out of participation in this program.

Parent or guardian signature required: \_\_\_\_\_ Date: \_\_\_\_\_

**AtBats Training Center, 233 Summer Road, Boxborough, MA 01719  
Phone 978-266-1766 Fax 978-266-1764 www.atbats.com**