

**Camp Dates/Times:** Monday, March 11th thru Thursday, March 14th 10:00am-12pm

**Camp Fee:** \$50 Please Return Completed Form Below with Payment: Shawnee Mission North HS, ATTN: Julie True, 7401 Johnson Dr., Overland Park, KS 66202 **Checks made payable to KIWANIS CLUB OF OLD MISSION.**

**Facility:** SM North High School Softball Field (Located behind the school SW Corner, adjacent from the baseball field).

**Staff:** The Indians softball team and coaches will be working with each age group (2<sup>nd</sup> grade thru 8<sup>th</sup> grade) and skill level (Beginner thru Advanced).

**Equipment:** Supplies are limited, so please bring the items that are applicable and available to you. Glove, bat, water bottle, tennis shoes/cleats, batting gloves, catching gear, helmet, etc.

**Questions:** E-mail Head Coach Julie True smn.indians.sb@gmail.com

**\*\*PLEASE FILL OUT FORM AND MAIL IN WITH CHECK MADE PAYABLE TO KIWANIS CLUB OF OLD MISSION. YOU WILL RECEIVE EMAIL CONFIRMATION UPON RECEIPT\*\***

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**WAIVER & RELEASE STATEMENT:**

The undersigned states that he/she understands that the Participant will engage in an athletic activity and that there is potential risk of injury. The undersigned has examined the potential risks, assumes said risks and understands and agrees that the school district, the coaches, the Kiwanis Club of Old Mission, Mission and Kiwanis International and their members; and the employees, agents and representatives of any of them, are not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the activity in which the Participant is enrolled, and the Participant and the undersigned, hereby forever release and hold harmless all of the above described persons or entities from any and all claims of any kind that the Participant, the undersigned or their respective heirs, executors, administrators or assigns may have or claim to have resulting from participation in said activity.

**I HAVE READ AND UNDERSTAND THE WAIVER RELEASE STATEMENT. (PARTICIPATION IS NOT ALLOWED WITHOUT APPROVAL OF ALL LEGAL CUSTODIANS)**

X \_\_\_\_\_  
Signature of Parent or Guardian Date

Parent's/Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent or Guardian Date

Parent's/Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

**SMN Softball Camp Sign-Up (PLEASE PRINT)**

Participant's Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Ex: Youth Small, Adult Medium, etc. **(MUST REGISTER BY MARCH 1<sup>ST</sup> TO RECEIVE A CAMP T-SHIRT)**

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