

## McCallum High School Softball CAMP June 9th-11th

**Who:** All incoming 6<sup>th</sup> – 9<sup>th</sup> graders (as of fall 2025)

**TIME:** 8:00 am – 11:00 am (registration on first day)

**Where:** McCallum Softball Field

**Cost:** \$80.00: Make checks payable to McCallum Softball

The McCallum softball camp is designed to not only give each athlete an opportunity to refresh their softball skills and learn new skills and strategies, but to also see their future high school, meet the coaching staff and potential future teammates. We will go over the basic fundamentals of softball and strategies.

### Please bring

Softball shoes, workout clothes, gloves, bat, batting gloves, etc.

Water Bottle and snacks

Good attitude and willingness to learn

### Additional information

If weather is an issue, we will have the McCallum gym available

If you have any questions please contact Coach [Rachel Whatley](mailto:rachel.whatley@austinisd.org) at [rachel.whatley@austinisd.org](mailto:rachel.whatley@austinisd.org)

Water will be provided

Name: \_\_\_\_\_ Grade ('25-26) \_\_\_\_\_  
Age \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Phone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_ Email: \_\_\_\_\_

## Waiver of Liability

I, as parent or guardian, give permission for my child \_\_\_\_\_ to participate in the camp scheduled **June 9-11 at McCallum High School**. I acknowledge that she is physically able to participate in all camp activities. I hereby release and forever discharge McCallum High School, Austin Independent School District, it's employees, agents, and contractors in both their public and private capacities from any liability, claims, suits, and damages or cause(s) of action whatsoever from any property damage or personal injury sustained by my child that may arise in connection with the camp activity. I also give my permission for any emergency medical care that may be required as a result of any injury.

Parent/guardian name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Contact information  
(phone) \_\_\_\_\_