

2024 JET'S SUMMER CAMP: (KEEP THIS PAGE FOR REFERENCE)

WEEK: JULY 15-JULY 18 (MONDAY-THURSDAY) 9AM-1PM \$250

LOCATION: The Hill School Softball Field (Pottstown, Pa)

WEBSITE: www.jetssoftballacademy.com (Find us on Instagram & Facebook)

Age range: 8-12

First come, first serve basis. (25 participant limit)

Check in will be 8:45am each morning. Stretches will promptly begin at 9am.

Summer camp includes: one complimentary snack per day (please bring your own snack per day if allergic to anything or if you prefer not to use the Academy snack); a complimentary water bottle per day; and one hour swim at The Hill School's indoor pool.

Learn softball skills, time in the hitting tunnel, fun games, and make new friends.

Please bring your own glove, bat, helmet, catcher's gear (if you're a catcher), fielder's mask, suntan lotion, and extra water. You can wear cleats, but you don't have to. We will be outside. Rainy days we will be outside as well unless it's thundering & lightning then we will have to go indoors (bring sneakers along just in case).

\$75 non-refundable deposit or full payment per participant is required to reserve your spot. Payment remainder will be due first day camp at check in. If the session does not meet the required minimum, you will be 100% refunded and notified one week prior.

Payment options: cash, check, Venmo (Janetta-Burris with Jet's pink logo). There will be no on-line payment option.

Checklist:

Mail or email completed waiver, the registration form, and deposit/payment.

Please make checks out to *Jet's Softball Academy, LLC*

Mail to: Jet's Softball Academy, LLC

226 Wissinger Rd., Boyertown, Pa 19512

PLEASE RETURN THIS REGISTRATION FORM; COMPLETED WAIVER (even if you're a student at Jet's the waiver is separate for the camp); AND \$75 DEPOSIT OR FULL PAYMENT PER PARTICIPANT TO RESERVE YOUR SPOT.

○ WEEK: JULY 15-JULY 18 (MONDAY-THURSDAY) 9AM-1PM Cost: \$250

PLEASE PRINT NEATLY WHEN FILLING OUT INFORMATION

Softball Player #1:

First & Last Name: _____ Age: _____

Grade going into 2024/2025 school year: _____

Name of School: _____

What league/team/organization does your daughter play for-if any: _____

Any medical conditions and/or allergies: _____

Parent(s) name and cell phone number: _____

Parent email: _____

Softball Player #2:

First & Last Name: _____ Age: _____

Grade going into 2024/2025 school year: _____

Name of School: _____

What league/team/organization does your daughter play for-if any: _____

Any medical conditions and/or allergies: _____