

# HUHS SPRING SOFTBALL CAMP

**Saturday, April 29, 2023**

**Presented by Head Coach Dave Hoxworth with the  
HUHS Softball Coaching Staff and Varsity Players**

## **LOCATION:**

Hartford Union High School Softball Diamonds, 630 Cedar Street, Hartford

All sessions will be held outdoors or in the HUHS Field House (805 Cedar St.) depending on the weather.

Players must bring tennis shoes, cleats, and are encouraged to bring a softball bat and glove.

## **TIMES:**

Session 1: 8:00am-10:00am for 5<sup>th</sup> & 6<sup>th</sup> Graders

Session 2: 10:30am-12:30pm for 7<sup>th</sup> & 8<sup>th</sup> Graders

## **COST:**

\$30 (Includes a Softball Camp T-shirt and an autographed HUHS Varsity Team Poster)



## **LIMITED SPACE:**

To give each player some individual attention, each session will be limited to the first 40 registrants.

## **REGISTRATION FORM ATTACHED:**

More registration forms can be found on the HUHS Softball Webpage at

<https://www.huhs.org/activities/sports/softball.cfm>

**\*\*All participants must have a signed Parent Waiver and Athlete Concussion Agreement\*\***

**DEADLINE: Friday, April 14<sup>th</sup>**

Questions? Please contact Head Coach Dave Hoxworth

Email: [dave.hoxworth@huhs.org](mailto:dave.hoxworth@huhs.org)

Cell phone: 262.224.2475

PLEASE FOLLOW US:



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**HUHS SOFTBALL CAMP REGISTRATION FORM**  
**Saturday, April 29, 2023**

Select one:  Session 1: 8:00am-10:00am for 5<sup>th</sup> & 6<sup>th</sup> Graders  Session 2: 10:30am-12:30pm for 7<sup>th</sup> & 8<sup>th</sup> Graders

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: YS YM YL AS AM AL

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact and Phone #: \_\_\_\_\_

\*Make all checks (nonrefundable) payable to: HUHS Softball

**PARENT & ATHLETE CONCUSSION AGREEMENT**

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and for every youth athletic organization the athlete is involved with.*

**Parent Agreement:**

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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

**Athlete Agreement:**

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send Check and Registration Form to:**  
**Dave Hoxworth, HUHS Softball, 805 Cedar St., Hartford WI, 53027**  
**DEADLINE: FRIDAY, APRIL 14th**