

Camp Purpose

This clinic is for all players who have completed 2nd grade through 8th grade. It will be an opportunity to work with Homestead coaches and players to improve your softball skills in all facets of the game. The four-day camp will focus on skill development and learning the way the game is taught in the Homestead Softball program. Each player will learn the way the Lady Spartans teach hitting, defense, pitching, and base running.

Contact Us

Email Coach Clagg with any questions about the upcoming camp

Email: claggtom@gmail.com

Address: 7210 Pine Lake Road
Fort Wayne, IN 46814

Phone: 260-402-1261

Web: <http://homestead.sacs.k12.in.us/athletics/teams/softball>



2022 Homestead Softball Skills Camp

June 6th – June 9th

9:30 am – 12:00 noon

Homestead Varsity Field & Practice Turf

Cost: \$40 (includes camp & shirt)



How to Register

1. Fill out the registration form and medical release form below.
2. Make a check payable to “Tom Clagg” for the \$40 fee (that covers four days of camp and a softball t-shirt)
3. Send/deliver your check and registration form to:

Tom Clagg
7210 Pine Lake Road
Fort Wayne, IN 46814

Any questions about registration please email Coach Clagg
[@claggtom@gmail.com](mailto:claggtom@gmail.com)

Please submit registration form by Friday, June 3rd

What to Bring:

1. Softball equipment (bats, gloves, cleats, gym shoes, catchers equipment – if you have it, etc.) – shirt will be provided on day one
2. A good attitude, a willingness to learn, and a competitive spirit

Where to Meet:

- We will meet on the varsity softball diamond and will start promptly at 9:30 am and end at noon each day

Registration

Name: _____

Parents Names: _____

Address: _____

Phone (Cell): _____

Emergency Phone: _____

Email: _____

Grade (Aug. '22): _____

Medical Release

I, the undersigned guardian/parent of the registered player, hereby release the S.W. Allen County School District, its employees and agents, and all coaches, assistants and aides associated with the Softball Skills Camp, from any and all liability for any claims I may have arising out of any injury to any participant during said clinic. I understand that the activities conducted during the camp could result in serious injury. The participant is in good health and able to participate in activities except as noted below.

Parent/Guardian Signature Date

Known health concerns or limitations