

Nyack College Athletics  
Attn: Summer Camp 2008  
1 South Blvd.  
Nyack, NY 10960

(845) 675-4776  
[www.nyack.edu/athletics](http://www.nyack.edu/athletics)

**WARRIOR  
Softball CAMP  
2008**



**Day Camp**  
**June 30– July 3, 9:00 AM - 4:00 PM**  
**NYACK COLLEGE**  
**NYACK, NEW YORK**



**Camp Staff:**



Mandy Aikens is completing her third year as the Head Coach of the Nyack Warriors Softball team. As an head assistant coach for the Warriors under Alton Armoogam, Mandy gained valuable coaching experience. Aikens was a four year player at Mansfield University in Mansfield, PA. Her knowledge of the game combined with her passion for youth serve as a great mix for teaching the game of softball. Along with her assistant coach Joe Rodriguez, the Warrior Softball team has shown marked improvement over her tenure.



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PHONE (845) 675-4776

FAX (845) 353-2147



**Tuition/Prices:**

Day Camp—\$159/camper  
Lunch included

Sibling Discount — \$145 for second sibling or more  
Early Registration (by June 1) — \$145  
\*No additional Sibling discount for early registration

**Eligibility:**

Girls ages 8–17

**What to bring:**

All campers should bring a gym bag with softball gloves, bat, hat, sunscreen and water bottle.

**Typical Day at Camp:**

- 9:00am: Warm-up and thought for the day
- 9:30am: Batting Practice
- 10:30am: Fielding Training
- 11:30am Inner squad Scrimmage
- 12:15pm: Lunch
- 1:30pm: Base-running Training
- 2:00 pm: Pitching Training
- 3:00 pm: Various Situational Training Segments
- 4:00 pm: Dismiss

\*Day 1— 8:00 AM Late registration will be available

# WARRIOR CAMPS: CHAMPIONS ARE BUILT THROUGH CHARACTER AND HARD WORK

## Character through Warrior Sports Camps

The summer of 2008 provides the 26th session of Nyack College Warrior Sports Camps. Warrior Camps have placed an emphasis on the teaching of the fundamentals of the game while emphasizing character development. Over 5,500 young men and women have benefited from Warrior Sports Camps at Nyack College.

## Camp Philosophy

Nyack College Warrior Camps seek to provide quality instruction in the fundamentals of offensive and defensive baseball while providing an understanding and practical application of the sport. This is done within the context of Christian character development and sportsmanship. For our statement of faith go to:

<http://www.nyack.edu/?page=FaithStatement>

## Facilities

**Bowman Memorial Gymnasium** was built in honor of Nyack Alumnus Harold Bowman and is the centerpiece of our basketball and volleyball programs. There is a brand new college-sized floor which provides a great venue for our camps.

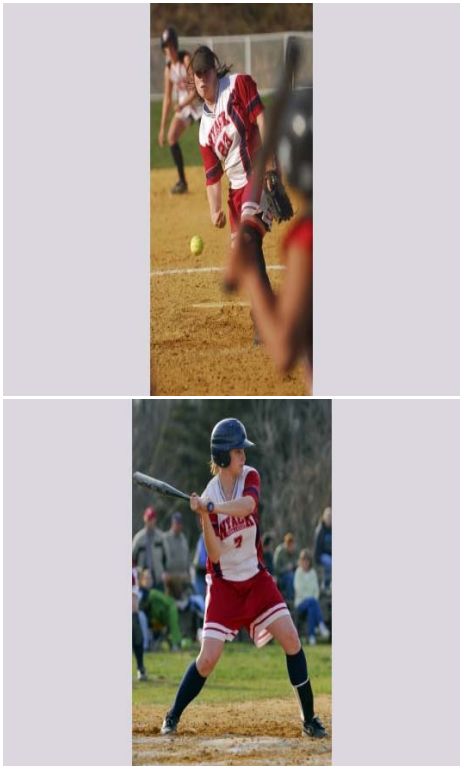


**The Field House** enables students and athletes to play all court and field sports 12 months of the year.

This air conditioned facility allows athletes to participate and exercise indoors when relief is needed from the heat and sun in the "dog days" of summer.



## 2008 Warrior's Softball Camp



## All Warrior Camps include:

Camp T-shirts

Softballs

Personalized Instruction

Awards Ceremony

College Player Appearances



## Registration Form

2008 WARRIOR SOFTBALL CAMP

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_  
Email Address \_\_\_\_\_  
School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade (9/08) \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_

Please Check One (price is per camper):

- ☐ Day Camper: \$159.00 (Includes Lunch) \$175.00 before June 1  
☐ Sibling discount rate: \$145.00\*

\*Please complete a separate application for each child and submit together.

Payment Method: (check one)

- ☐ Check: make payable to "Nyack College Sports Camps"  
☐ Credit Card: Visa/Mastercard only

Exact Name on Card \_\_\_\_\_  
Card# \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CID# \_\_\_\_\_  
Amount to charge: \_\_\_\_\_  
Cardholder's \_\_\_\_\_  
Signature \_\_\_\_\_

Mail to: Nyack College Athletics  
Attn: Summer Camp 2008  
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Nyack, NY 10960

## Parental Consent Form

All areas of this form must be completed prior to camp participation

Camper's Name \_\_\_\_\_

SS# \_\_\_\_\_

Allergic Reactions? (ie. Drugs, food, asthma)

☐ Yes ☐ No

If Yes, what kind? \_\_\_\_\_

In Case of Emergency:

Father's Name: \_\_\_\_\_

Father's Phone: (Cell #) \_\_\_\_\_

(Work #) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone (Cell #) \_\_\_\_\_

(Work #) \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

\*Other forms will be sent upon receipt of registration

**Please fill-out and send both the Registration Form and the Parental Consent form whether faxing or mailing.**

*Disclaimer: There will be a \$20 fee for any checks that are returned to Nyack for insufficient funds. **Any cancellations will be refunded with a \$50.00 registration fee subtracted.***

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