

S N E A D
S T A T E
S O F T B A L L

Commitment: the enthusiastic devotion to individual preparation and team practices

Relentless execution: all-out effort from start to finish, regardless of score, significance or insignificance of the event.

Self-discipline: the control of emotions, thoughts and focus.

Good Sportsmanship: respect for the opponents as our teams tries to beat their brains out in competition. Showing up an opponent is unacceptable behavior.

Playing the game right: the application of knowledge and respect of and for the nature of competition.

Responsibility: to softball, academics, to God, family, school, community and self.

Courage: aggressive, competitive behavior – always, particularly in the face of adversity.

Individual sacrifice: for the sake of collective goals.

Concern: for what the uniform represents, as stated above. For the well being of teammates.



Camp Details:

Warm-up routine with Snead Players

Throwing Techniques

Pitching

Catching

Fielding infield and outfield

Hitting

Proper techniques

Station hitting

Live hitting on field

Base running Techniques

Snead State Softball
Attn: Coach Tracy Grindrod
102 Elder Street P.O. Box 734
Boaz, AL 35957

Phone: (256) 990-1943
Email: tracy.grindrod@snead.edu

LADY PARSONS SOFTBALL CAMP



Come work with the best, so
you can play your best!

4 June 2014
Snead State Campus
Lady Parsons Field
9 AM—4 PM

Contact Coach Grindrod
for more details
256-990-1943
Email: tracy.grindrod@snead.edu

Contributing Coaches
Sallie Beth Burch—Jacksonville State U
Heather Parker—Lipscomb University
Sallie Van Kirk—UAB
Megan Christiansen—Shorter University
Paige Rowland—Shorter University
Rachel Baucom—Central Arkansas

Camp Session and Fees

4 June 2014

9 AM - 4 PM

Snead State Softball

Lady Parson's Field

Price: \$60

Walk-up Price: \$70



FEATURES

Personal attention with Coach Grindrod, Coach Haggermaker and Coach Hill and Snead State Players.

Guest coaches from Major University's

Sallie Beth Burch—Jacksonville State U
Heather Parker—Lipscomb University
Sallie Van Kirk—UAB
Megan Christiansen—Shorter University
Paige Rowland—Shorter University
Rachel Baucom—Central Arkansas

Excellent instruction
Constant interaction with coaches and players. Individual and group instruction

EQUIPMENT CHECKLIST

- Socks
- Shorts
- T-Shirts
- Sunscreen
- Glove
- Batting Gloves
- Bat
- Cleats
- Tennis shoes
- Batting helmet

Snead State Softball Camp

Sign up for: Select One	Time	Price
<input type="checkbox"/> Fielding and Hitting	9-12, 1-4	\$60.00
<input type="checkbox"/> Pitching and Hitting	9-12, 1-4	\$60.00
<input type="checkbox"/> Catching and Hitting	9-12, 1-4	\$60.00

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

School Attending: _____

Age: _____ Year of Graduation: _____

Parent's Name: _____

Waiver of Liability and Hold Harmless Agreement - To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with the camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may engage in the camps activities, whether caused by the negligence of releasee or otherwise. I further here by agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my child's participation in this camp, whether caused by negligence of releasee or otherwise. **RELEASE AND WAIVER** - I understand that this camp is operated by the individual coach's name. The camp is not in any way owned or operated by Wallace State CC. While conducting this camp, the coaches named are not acting as agents of Wallace State CC. Accordingly, I agree to release and hold harmless the Board of Trustees of Wallace State CC, its officers, agents, and employees, while acting in their capacities as such, from any and all claims or liability which may arise in any manner or form from my child's participation in this camp.

Date _____ Signature of Parent/Guardian _____ Phone Number _____

Primary Position (circle one): P C 1B 2B 3B SS LF CF RF

Secondary Position (circle one): P C 1B 2B 3B SS LF CF RF

Registration Deadline: 29 May, 2014

Make checks payable to: **Snead State Softball**

To Enroll: Tear off this portion. Complete and return it along with appropriate payment to:

Snead State Softball
Attn: Coach Tracy Grindrod
102 Elder Street P.O. Box 734
Boaz, AL 35957
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Phone: (256) 990-1943
Email: tracy.grindrod@snead.edu