



**The Boca Raton Softball Association Presents  
A One Week Fastpitch Softball Camp at Saint Andrew's School  
With Lead Instruction By Lynn University College Coaches**

**Ages**

Instruction will be provided to those campers entering 1st Grade through 8th grade

**Dates/Times**

June 17 – June 21 (M-F)  
9am to 3pm

**Cost/Registration**

\$275 for the week of instruction (includes lunch) -early registration until June  
\$25 sibling discounts / Late Registration after June 1 – \$300 week  
Before and after camp care is available at an extra cost of \$15 per day  
To register- print and fill out the registration form and mail with payment  
Forms can be downloaded at [www.bocasoftball.com](http://www.bocasoftball.com) and [www.saintandrews.net](http://www.saintandrews.net)

**Location**

Saint Andrew's School  
3900 Jog Road  
Boca Raton, Florida 33434  
561.210.2100

**Instruction**

Coaches will provide a wide range of instruction based on ages and skill levels represented during the week. This will include offense and defense as well as specialty areas such as conditioning, pitching, catching, and base running.

**Facilities**

The campers have access to all the great amenities at Saint Andrew's:  
fields, batting cages, aquatic center, gymnasium, and indoor lunch

**Equipment**

All training aids will be provided.  
Campers will need to bring the following: glove(s), bat, helmet, cleats, tennis shoes, bathing suit w/towel, water bottle, & catchers gear (if applicable)

**Weather/Refund Policy**

In case of inclement weather – indoor training facilities are available  
No refunds for individual days missed. All refund requests must be in writing and will only be granted with doctor's note. Refunds will not be issued until the end of camp.



**Camper Application**  
**June 17 – 21 at Saint Andrew's School in Boca Raton**

| APPLICANT INFORMATION   |       |                                     |          |  |
|---|-------|-------------------------------------|----------|--|
| Last Name   |       | First Name                          |          | Birthdate                                      |
| Street Address  |       |                                     |          |  |
| City  | State | ZIP                                 |          |  |
| Phone   | Email |                                     |          |  |
| Parent/Guardian 1 Name  |       | Home #                              | Cell #   |  |
| Work #  |       |                                     |          |  |
| Email   |       |                                     |          |  |
| Parent/Guardian 2   |       | Home #                              | Cell #   |  |
| Work #  |       |                                     |          |  |
| Email   |       | Camper T-Shirt Size                 |          |  |
| Allergies/Special Needs/Insurance Info:   |       |                                     |          |  |
| Skill Level (Beg/Int/Travel)  |       | Position (s)                        |          |  |
| Softball Camp -\$275/Week<br>April-May/ \$300 after June 1<br>\$25 Sibling Discount   | \$    | Before Camp Care<br>(7:45am-8:20am) | Yes / No | After Camp Care<br>(3:45pm-5:45pm)<br>\$15/day |
| EMERGENCY CONTACT / AUTHORIZED PICK-UP  |       |                                     |          |  |
| Full Name   |       | Phone ( )                           |          |  |
| Full Name   |       | Phone ( )                           |          |  |
| <p align="center"><i>Make check or money order payable to:<br/>           SAINT ANDREW'S SCHOOL * Attention Camp Office * 3900 Jog Road, Boca Raton, FL 33434<br/>           Telephone: 561.210.2100 * Fax: 561.210.2107<br/>           Please mail completed form along with full payment (check, money order or credit card)</i></p>  |       |                                     |          |  |
| Check or Credit Card #  |       | Security Code and Expiration Date   |          |  |
| <b>DISCLAIMER</b>   |       |                                     |          |  |
| <p><i>In case of accident or illness, I request that Saint Andrew's attempt to contact me at the phone numbers given. If a parent can't be reached, I hereby authorize the School to contact the emergency contacts listed above and, if necessary, to transport my child to the nearest hospital. I also give Saint Andrew's School and Boca Softball the right and permission to use, re-use, electronically reproduce, publish and re-publish photographs that may feature or include my daughter. I also grant permission to use my daughter's name in connection with the camp if the School so chooses. I release and discharge Saint Andrew's School/Boca Softball/Lynn University from any and all claims arising out of/or in connection with the use of the photographs, including any and all claims for libel. In addition, I have read and understand the refund policy and agree to adhere to it.</i></p> |       |                                     |          |  |
| Signature   |       | Date                                |          |  |