

2010 SESSIONS

Holy Names University is located in the hills of Oakland, CA just off Highway 13. The women's softball program is once again hosting their annual fund raising summer camps for the young ladies of the greater Bay Area.

Session I is open to all girls age 13-17, for somewhat more advanced drills and activities. Three sessions will be offered this summer that emphasize the basic fundamentals of softball.

Our first session is will focus on girls with some team or competitive playing experience, although all levels are welcome. Sessions 2, 3, and 4 are tailored to players of all skill levels. Whether learning the game as a beginner or wanting to improve skills, this camp will offer an outstanding opportunity to learn the fundamentals of throwing, catching, fielding, baserunning, hitting and game situations. Players will be grouped according to skill level and will participate in team play every afternoon. Our campers return year after year to work on their game in a fun, enthusiastic and

FOR MORE INFORMATION

Summer Programs Director: Nick Lusson
Email: hnusportscamp@hnu.edu

Phone: (510) 436-1491

Online: www.hnuhawks.com/f/Summer_Camps.php

Mail: HNU Summer Sports Camps
Holy Names University
3500 Mountain Blvd
Oakland, CA 946191

Holy Names Softball Camps
Holy Names University
3500 Mountain Blvd
Oakland, CA 94619

HOLY NAMES UNIVERSITY GIRLS SOFTBALL CAMP Oakland, CA

Intermediate/Advanced

Session 1: June 14-18

Ages 13-17

Beginner/Intermediate
Session 2: June 28-July 2

Session 3: July 5-9

Session 4: July 12-16

Ages 7-13

All Levels Welcome

SUMMER 2010

HOLY NAMES KNOWS SOFTBALL



Holy Names won the 2009 California Pacific Conference Championship, and appeared in the 2009 NAIA National Tournament. The HNU Softball program has the honor of claiming the **2009 CAL PAC Player of the Year, Pitcher of the Year, Freshman of the Year, Newcomer of the Year and Coach of the Year** honors. The Hawks also shine in the classroom with 6 National Fastpitch Coaches Association Scholar-Athlete honorees.

Camp Coaches: The Holy Names Softball Camps will once again be staffed with **current, former and future Holy Names University players** who are eager to share their **passion, work ethic and success** with the youth of the community.



Softball Camp Director: Lyndsey Van Slyke

2009 Cal Pac Championship Team Captain for HNU

CAMP: \$200 per person
****\$25 discount for siblings and multiple camps****

Intermediate/Advanced – Session 1

Session 1: June 14-18 Ages 13-17

Beginner/intermediate – Session 2, 3, 4

Session 2: June 28-July 2 Ages 7-13

Session 3: July 5-9 Ages 7-13

Session 4: July 12-16 Ages 7-13

Camp Hours: 9 am to 3 pm M-F

Camp fee includes all instruction. **Lunch is not included in fee. Campers are required to bring their own lunch, glove, sunscreen.** Early drop-off is available 8-9am and After-care is provided for the softball camps, 3-5pm for an additional \$10 fee/hr. Please be prepared to pay for after-care on the last day of camp.

Multiple Camp/Sibling Discount: Holy Names Softball Camps encourage campers to attend more than one camp and also bring along a sibling, or friend regardless of skill level. A \$25 discount will be given to multiple camps and siblings.

CAMP HIGHLIGHTS

- *Superior instruction*
- *5:1 camper to instructor ratio*
- *30 hours quality supervision & instruction*
- *Daily & Weekly contests and prizes*
- *Daily emphasis on fundamental skills*

SOFTBALL CAMP REGISTRATION

REGISTRATION FORM

Please make checks payable to:
Holy Names Women's Softball



Session I (June 14-18): _____

Session II (June 28-July 2): _____

Session III (July 5-9): _____

Session IV (July 12-16): _____

Name: _____

Age: _____ Grade entering in Fall 2010: _____

Shirt Size (please circle): YS YM S M L XL

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Parent/Guardian: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

I understand that there will be an optional daily swim hour supervised by certified lifeguards. By initializing the space provided I am giving my child permission to swim. _____

RELEASE OF LIABILITY: I hereby waive and release Holy Names University from any and all liability for any injuries or illnesses incurred while at camp. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

Name: _____

Signature: _____

OFFICE USE ONLY:
Check # _____ Date: _____
Amount: _____
Conf. mailed: _____