

# **UMU 2020 Fall Prospect Camp**

September 27, 2020

Marlington High School Field:

10450 Moulin Ave. NE

Alliance, OH 44601

Grades 9-12

## **About Head Coach Simons**

Coach Simons is entering her sixth year as head coach at the University of Mount Union. In her five seasons as head coach, she has led the Purple Raiders to four winning seasons and an OAC Tournament appearance in 2017.

Simons was a four-year letter winner who graduated with a bachelor's degree in Criminal Justice from Mount Union in 2010. Prior to her head coaching role, she served as the head coach at Minerva High School and an assistant coach at Mount Union for three years.

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## **Camper Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grad Year: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Position (s): \_\_\_\_\_

## **Sessions**

Must arrive 15 minutes prior to session \*  
Mark Which Session(s) you will be Attending

<b>Pitching</b> <i>(Must Provide Own catcher)</i>	<b>Defense</b> <i>(Catching)</i>	<b>Defense</b> <i>(Infield/Outfield)</i>	<b>Offense</b>
12-1:30	2:00-3:30	2:00-3:30	3:45-5:00

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## **Cost**

<b>Per Session</b>	<b>All Sessions</b>
\$45.00	\$120.00

**T-Shirt Size**

\_\_\_\_\_

Checks payable to Meghan Simons  
1972 Clark Ave.  
Alliance, OH 44601

**REGISTRATION DUE BY SEPTEMBER 18, 2020**

## *Waiver*

I certify that my child has permission to participate in the camp at the University of Mount Union. He/she has been examined by a doctor in the last year and has been cleared to play the sport. I have health insurance. In the event of an injury, I wish to be contacted before treatment. If I cannot be contacted and my child requires emergency treatment, I authorize the University of Mount Union, the camp directors, or their agents to obtain reasonable emergency treatment. I absolve the University of Mount Union, the camp directors and their agents of any liability or judgements that are a result of my child's misconduct or negligence. I have read and understand this waiver.

Parent/Guardian: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_