



### **2025 Bishop Neumann Softball Camp**

**Dates: June 10<sup>th</sup> and 11<sup>th</sup> (June 12<sup>th</sup> is a rain date if another day is canceled due to rain or weather)**

**Time: 9:00am to noon.**

**Location: Hackberry Ballpark- Wahoo Nebraska**

**Grades- This camp is open to girls 3<sup>rd</sup> to 8<sup>th</sup> grade in fall of 2025**

**Campers will work on:** HITTING- Including drills, stations, bunting, and the mechanics of hitting. FIELDING- The campers will go through stations working on the individual aspects of becoming a better outfielder and infielder, including fun drills to improve teamwork.

PITCHING- We will be covering the basics of pitching and CATCHING. The campers will go through TEAM DRILLS and one on one drills to improve themselves in the game of softball.

**The camp includes:** -Camp T-shirt, treats, and prizes.

-Coaching from the Neumann coaches, current players, and college softball players

-Please be sure to bring a softball glove. There are only a few extra gloves.

**Camp Fee: \$25 per camper.** Please turn your fee with your application made out to **Dave Brabec no later than May 9th.** We do order some extra t-shirts, but late sign-ups will not be guaranteed a t-shirt or the desired size. We will give out the extra shirts at a first come first serve basis to those who sign up late. For a late sign-up email Coach at: brabecdj@gmail.com

-----cut-----

### **2025 Bishop Neumann Softball Camp Form**

**Name** \_\_\_\_\_ **Grade (in fall of 2025)** \_\_\_\_\_

**Shirt size:** YS YM YL AS AM AL AXL AXXL (circle shirt size)

**Address:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Emergency contact #** \_\_\_\_\_

**Email:** \_\_\_\_\_

We agree that neither Bishop Neumann, nor the coaches, nor alumni helpers and student athletes shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity during this camp. We further agree that neither the school nor any of their coaches or alumni coaches and student athletes shall be held responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. If medical attention is required for any injury incurred while participating in the camp, we (or I) give permission for such medical treatment and care.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

**Parents Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

**Please return this form to St. Wenceslaus or Neumann Office ATTN: Coach Brabec.**

**Make checks out to Dave Brabec NOT Bishop Neumann.**