

SYRACUSE SOFTBALL CAMP APPLICATION

NAME (PLEASE PRINT) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN _____
PHONE (HOME) _____ PHONE (WORK) _____
AGE (AS OF 9/05) _____ GRADE (AS OF 9/05) _____ SCHOOL _____
FIRST POSITION _____ SECOND POSITION _____
ROOMMATE PREFERENCE _____
SPECIAL EATING NEEDS (PLEASE SPECIFY) _____
ADULT T-SHIRT SIZE (CIRCLE ONE) S M L XL

Make Checks Payable To:
Syracuse Softball Camp

Mail To:
Syracuse Softball Camp
Manley Field House
Syracuse University
Syracuse, NY 13244-5020

SESSION (PLEASE CHECK ONE)

OVERNIGHT CAMPER DAY CAMPER
SOFTBALL CAMP \$300 \$240

*A \$90 non-refundable deposit must accompany this application. Application and deposit deadline is Thursday, July 1 at 5 p.m.

OFFICE USE ONLY

Deposit Amt. _____ Check # _____
Balance _____ Check # _____
Medical Release _____ Waiver _____

Mary Jo Firnbach Head Coach

Mary Jo Firnbach is in her sixth year as the head coach of the Orange. In SU's four seasons of competition in the BIG EAST, Firnbach has coached 11 All-BIG EAST selections, including four in 2004. In addition to two first-team selections, the Orange also boasted the 2002 BIG EAST Rookie of the Year. Under Firnbach's tutelage, SU has also gained recognition on the regional level. Since 2002, the Orange has boasted six NFCA All-Northeast Region selections. Firnbach completed a standout playing career at Southern Illinois University in 1991 when she earned her undergraduate degree in community health education. Firnbach was a two-time Gateway All-Conference First Team and All-Midwest Second Team selection.

Jodie Cox Assistant Coach

Jodie Cox was hired as an assistant coach at Syracuse in May 2004. Cox works directly with the SU pitching staff. Cox was a student assistant at Cal State Fullerton in 2004. She finished a standout playing career for the Titans in 2003. Cox was a four-time All-Big West Conference selection from 2000-03. In 2003, she was named to the all-conference first team as both a pitcher and an outfielder. She was selected a third-team All-American and Big West Co-Pitcher of the Year as a senior after leading the team with 21 victories, a 1.06 earned run average and 224 strikeouts. Cox threw seven career no-hitters, Cox graduated from Cal State Fullerton in May 2004 with a bachelor's degree in kinesiology.

Kim Doran Assistant Coach

Kim Doran joined the Syracuse coaching staff prior to the 2004 season. Doran is a teacher at Nottingham High School in Syracuse and served as the head softball coach in 2003. Doran works directly with the Orange catchers. In 2003, she coached the Bally's Total Fitness tournament team for girls 18 and under. Prior to that year, Doran served as the assistant coach for Fayetteville-Manlius High School. Doran played four seasons at Le Moyne College from 1996-99. She is still among the Dolphins' all-time top 10 in games played, runs scored, home runs, runs batted in, fielding percentage and putouts. Doran graduated from Le Moyne with a bachelor's degree in business administration in 1999.

GENERAL INFORMATION

Camp registration will be on Sunday, July 10 between 3-5 p.m. Camp orientation will be at 5:30 p.m. Camp will end on Wednesday, July 13 at 5 p.m. Resident campers will be provided with all meals, while non-resident campers will be provided lunch and dinner only.

INSURANCE

Proof of insurance is required for all participants. Camp Insurance is provided as a secondary coverage only. A camper's insurance card must be presented at registration or the camper will not be allowed to participate.

ACCOMMODATIONS

Residence halls are furnished with two regular twin beds (limit two people per room). Meals are provided in a cafeteria close to the housing facilities. Snacks and Syracuse apparel will be available for purchase.

CONTACT INFORMATION

Mary Jo Firnbach
Head Softball Coach
(315) 443-4591
mafirnb@syrr.edu

COST

\$290 per overnight camper
\$230 per day camper

*Special team rates (10-or-more players) can be arranged upon request.

PROGRAM OF INSTRUCTION

- Total Player Development
- Motivation and goal setting
- Concepts in sports conditioning (Strength Building, Endurance and Flexibility)
- Fundamentals of hitting, fielding, pitching, catching and sliding
- Defensive skills
- Position work
- Speed conditioning
- Development of team concepts
- Fun, competitive events, including daily games, competitions and waterslides.

DEPOSIT INFORMATION

A non-refundable deposit of \$90 must accompany the application by the application deadline (July 1, 5 p.m.). The remaining balance is due at the time of registration. If you plan on staying in the dormitory, a separate check of \$35 will be required on the day of registration for a key deposit. The \$35 key deposit is refunded when the key is returned at checkout time. **We will do the best we can to deal with inclement weather. NO REFUNDS WILL BE GIVEN BECAUSE OF WEATHER ISSUES.**

DISCIPLINE

Any serious violation of camp regulations (i.e. damage to school property) will result in the immediate dismissal from camp. If a camper voluntarily leaves camp or is dismissed, there will be no refund.

WHAT TO BRING

- Cleats
- Glove
- Bat (if have own)
- Helmet (if have own)
- Catching Gear (if have own)
- Rain Gear
- Warm clothing for evenings
- Towels & Toiletries
- Bathing suit
- Bedding (sheets, pillow, etc.)
These WILL NOT be provided. Campers must bring their own.

Syracuse University Summer Camp Health Form - 2005

A summer sports camp participant will not be permitted to attend a camp unless this form is completed, in its entirety, and returned no later than one week prior to registration. On-site registration must have a completed form before participating in camp.

Camp: _____ Session: _____

Camper: _____
Last Name First Name

Camper's D.O.B.: ____ / ____ / ____ Age: _____

Gender: **Male** **Female** (circle one)

Parent/Guardian: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Home Address: _____

City State Zip

If not available in an emergency, notify:

1. _____ Phone: _____

2. _____ Phone: _____

Insurance Company: _____

Policy Holder: _____

Policy Holder's SS#: _____

Relation to Camper: _____

Policy/Group #: _____

Insurance Co. #: _____

Pre-approval required? YES NO

Primary Care Physician: _____

Phone: _____

In Accordance With NY State Law:

Meningococcal Meningitis is a bacterial illness affecting the brain. It can be spread by a cough, sneeze, kiss, sharing drinks, or by any other direct contact or airborne means of transportation. Therefore, students/campers residing in small areas, such as dormitories, are at an increased risk for contracting the illness.

The signs and symptoms of meningococcal meningitis are similar to the common flu often making it hard to detect. The signs and symptoms include the following: high fever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes, and confusion. Frequently, not all signs and symptoms occur, and the illness may progress rapidly. Treatment of meningococcal meningitis is antibiotic therapy.

A vaccination is available, and is an effective way to help prevent meningococcal meningitis, although any vaccine is not an absolute guarantee. There are rarely side effects associated with this vaccination. **Syracuse University summer camps will not provide the meningitis vaccine.** Contact your family care provider for information regarding availability and associated costs of the vaccination.

I, the parent or legal guardian have received, reviewed, and understand the above information regarding meningococcal meningitis and my son/daughter has either received the immunization with 10 years preceeding or has elected not to obtain the immunization against meningococcal meningitis.

Signature: _____

Date: _____

Immunization History

(Please include dates)

DTP Series _____

Booster _____

Measles _____

Rubella _____

Tetanus (year) _____

TB Test _____

Meningitis _____

Hepatitis B _____

Chicken Pox _____

Haemophilus Influenza Type b _____

Allergies

Asthma: _____

Bee Sting Allergy: _____

Food Allergies: _____

Medications: _____

Campers with the following conditions must provide **written physician's clearance** before attending summer camp. Please return **an official letter of physician's clearance** (for each item) with this form.

**** Please specify the condition in the space provided ****

Fracture in the last 6 mos.: _____

Surgery in the past 12 mos.: _____

Seizure Disorder: _____

Spinal Injury: _____

Diabetes: _____

Hemophilia: _____

Heart Condition: _____

Loss of Organ: _____

Illness requiring hospitalization in the last 6 mos.: _____

Other: _____

All surgeries and serious or recent injury/illness require an official physician's note of clearance before participation.

Those campers requiring taping or splinting for sports participation must supply their own taping and splinting supplies for pre-existing conditions.

Parent/Guardian Authorization:

To the best of my knowledge this health history information is correct and the person herein described has my permission to engage in all camp activities, with the exception of any physical limitations as described. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as names above.

Signature: _____

Date: _____

Witness: _____

Date: _____

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