Roadrunner Softball Camp

Camp Location @
2508 College Dr.
Lufkin, TX 75901

Associate Coach Barbi Mattson
bmattson@angelina.edu

This is an All Day CAMP format. There will be designated water breaks, concessions, and Lunch. “Lunch will be provided for participants by the camp coordinator.”

All Day Session  June 14 & 15
9am—2:30pm = $125.00

To register please contact Angelina College Community Services – You can register via mail, phone, fax, email and in person.

Make checks payable to: Angelina College...memo line “SOFTBALL CAMP”

Payment: Pay by credit card or include your check when submitting this form.

Check #________for__________________________ is enclosed

Credit Card: Visa  MasterCard  Discover  American Express... (Circle One)... Card #_________________ Expiration Date_________ 3 digit security code_______

Cardholder’s Signature Required
____________________________________

Name: ____________________________________
Age: _______ Camp Shirt Size:____________________
School: _____________________________________
Phone Number: (______)_____________________
Email:______________________________________
Camp Overview

DAY ONE - Infield/Outfield/Pitching/Catching

Each participant will learn to understand the fundamentals of a solid defense.
- General fielding and throwing
- Specific instructions for each position
- Breakdown of individual positions
- Pitchers will learn the idea of pitching along with a bullpen routine

DAY TWO - Offense/Agility

Each participant will work on all aspects of the offensive side of the game of softball.
Including:
- Fundamentals of hitting
- A cage routine
- Bunting
- Drills to alleviate common hitting problems
- Fundamentals of building a proper agility program and the importance and benefits of implementing one in softball.

Objective

This camp is designed to teach ambitious youth the fundamentals, drills, and skills to bring out the best in each individual.

What to Bring

Glove, spikes, shoes (for cages and locker room) pants/shorts, bat, helmet, and whatever you would bring to a regular softball game.

Camp Coordinator: Barbi Mattson, Associate Head Coach

Coach Barbi will be entering her fifth year at Angelina College. Since coming to Angelina College, the Lady Roadrunners have average 38+ wins a year, increased HOMERUN totals from 7 to 76; basically have rewritten the record book for hits, doubles, walks, slugging % and on-base %. The Lady ‘Runners have finished as conference champs, Region champs and National Champs (2014.) Received NFCA Coaching Staff of the Year. Started the 2015 season ranked #1. Were ranked top 16 in the nation for six consecutive weeks (2016) and beat two different #1 teams.

Coach Barbi played softball for over 10 years. Played first for Snow College, a junior college in Utah, receiving All-Conference and All-Region honors. Transferred on to Adams State College and continued to receive All-Conference honors as well as breaking numerous offensive records including Career Homeruns with 26 in her two years.

Coach Barbi completing her BS in Exercise Science and Human Performance. Three years later completed her Masters degree in Athletic Administration from Concordia University-Irvine (CA.)

Mark and Barbi Mattson have 3 children: Milken 8, Juco 5, and Mark 2 and reside in Lufkin.

Registration and Insurance Information

DATES: June 14th—15th

OPEN TO ALL CAMPERS AGES 7-14

TIME: 9 a.m. to 2:30p.m.

- All Day Session = $125/2days/9 to 2:30p.m.

All campers must provide proof of insurance coverage for any injury or sickness incurred while attending the Angelina College Summer SOFTBALL Camp. I waive and release Angelina College and any camp instructors from any liability from injury or illness incurred going to camp from home or while at camp or returning home. I, as parents/guardians, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minors' participation, and assume the risk arising there from. I here by give my permission for emergency medical treatment in the event I cannot be reached.

Date______________________________
Participant Name_________________________
Legal Guardian Signature______________________________

Insurance Company________________________
Company Address____________________________
City__________ State_______ Zip___________
Policy Number________________________________
Type of Coverage________________________________

**Please list any medical conditions (i.e. asthma, diabetes, allergens, etc)

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