

DSU Softball Skills Camps
Saturday, January 24th 2026

PARTICIPANTS NAME: _____ AGE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ (for confirmation receipt)

EMERGENCY CONTACT INFORMATION:

NAME: _____ CELL: _____

RELATIONSHIP TO PARTICIPANT: _____

Please select the session(s) you wish to attend:

Session 1(Pitchers): _____ Session 2 (Defense): _____ Session 3 (Hitting): _____

Cost: 1 session \$40, 2 Sessions \$80, 3 sessions \$110

*Please send completed registration form and payment (cash or check payable to DeSales University) to
DeSales University Athletics c/o Rachel Turoscy at 2755 Station Ave, Center Valley PA 18034*

MEDICAL RELEASE AND WAIVER

For and in consideration of player's registration, the player and/or legal guardian(s) of player understand and assume all risks inherent to the participation in softball or other activities at DeSales University. I understand that said activities involve risk to participant's person, including without limitation bodily injury, partial or total disability, paralysis, or death. Player and/or legal guardian(s) of player release DeSales University, its members, officers, employees, coaches, agents, instructors, affiliates, sponsors, advertisers and participants from all claims, suits or losses (including attorney's fees), in law or in equity, for personal injury, wrongful death, or property damage.

This release includes, without limitation, claims arising out of the negligence of DeSales University, the performance or failure to perform maintenance, inspection, supervision or control of facilities, or the failure to warn of a dangerous condition. This release includes transportation to and from DeSales University. Because of the dangers of participation in this sport, player and/or legal guardian(s) of player recognize the importance of following rules and regulations established by DeSales University and/or its designated officials and agree to obey such instructions. The player and/or legal guardian(s) of player acknowledge the participant's good physical condition and do not know of any condition or reason that the player should not participate in this activity.

In the event of a medical emergency, I authorize DeSales University to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release DeSales University from any liability for injury or harm to the child, which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance. Player and/or legal guardian(s) of player further acknowledge that he/she/they have read this disclosure in full, understand it and by submitting their application to DeSales University they acknowledge their agreement with the terms thereof.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY KNOW, UNDERSTAND, AND APPRECIATE ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND WAIVER FORM AND SIGN IT OF MY OWN FREE WILL.

PARTICIPANT NAME: _____ DATE: _____

GUARDIAN NAME: _____ SIGNATURE: _____

DeSales Softball Skills Camps

Saturday, January 24th 2026 – Ages 7-13



The best instruction for players of all skill levels in a fun-filled environment!

Emphasis on individual skill development as well as hitting, fielding, catching, and pitching.

Register online at:

<https://www.dsusbcamps.com/>

or

Return Attached Registration Form to:

Rachel Turoscy Head
Softball Coach
DeSales University 2755
Station Ave. Center
Valley, PA 18034

Email:

Rachel.Turoscy@desales.edu

WHERE: DeSales Billera Hall

January 24th 2026

Session 1- Pitchers – 8:30 AM to 9:30 AM

Session 2 – Defense - 9:30 to 11:30 AM

Session 3 – Hitting – 11:45 AM to 2 PM

Cost: \$40 per session



@DSUSBOfficial



@DeSales University Softball



@dsusbofficial