

2026

ROCKWALL YELLOWJACKET SOFTBALL CAMP

CAMP DIRECTOR: Shadie Acosta

ROCKWALL HIGH SCHOOL SOFTBALL COACH

214-405-1798 EMAIL: shadie.acosta@rockwallisd.org

“RISD APPROVED CAMP”

DATE: JUNE 1-3

TIME: 8:30 a.m. – 11:30 a.m.

LOCATION: RHS and CAMPBELL COMPLEX, 900 Yellowjacket Lane, Rockwall 75087

AGES: 6 –INCOMING FRESHMAN

FEE: PRE-REGISTRATION \$100.00 1ST DAY REGISTRATION \$110

Pre-Registration must be received by May 27, 2026

SEND TO: 901 YELLOWJACKET LANE, ROCKWALL, TX 75087

MAKE CHECKS PAYABLE TO: ROCKWALL LADY JACKET SOFTBALL

Or VENMO: @Shadie-Acosta (put your camper’s name in the notes)

GENERAL INFORMATION

- **THIS CAMP WILL TEACH THE FUNDAMENTALS OF SOFTBALL (THROWING, FIELDING AND HITTING TECHNIQUES)**
- **CAMPERS WILL BE GROUPED ACCORDING TO AGE AND ABILITY**
- **EACH SESSION WILL INCLUDE OFFENSIVE AND DEFENSIVE SKILLS**
- **PLAYERS WILL LEARN PROPER TECHNIQUES OF SLIDING (SLIP AND SLIDE) AND BASERUNNING**
 - **EACH CAMPER WILL RECEIVE A T-SHIRT**

WHAT TO BRING TO CAMP?

- **GLOVE/ BAT/ HAT/ WATER BOTTLE/SUNBLOCK**

**PLEASE MAIL THE BOTTOM PORTION OF THIS FORM ALONG WITH YOUR PAYMENT (IF APPLICABLE)*

REGISTRATION FORM

CAMPER’S NAME: _____ AGE: _____

SCHOOL (IN THE FALL): _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PARENT: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

SHIRT SIZE (CIRCLE one): **Youth** S M L **Adult** S M L XL

PAYMENT MADE BY (CIRCLE one): **MAIL IN CHECK** OR **VENMO**

WAIVER

I HEREBY CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ROCKWALL SOFTBALL CAMP. I GIVE PERMISSION TO THE ROCKWALL SOFTBALL CAMP TO ACT FOR ME REGARDING AN EMERGENCY REQUIRING MEDICAL ATTENTION. I RELEASE ALL PERSONNEL OF THE ROCKWALL SOFTBALL CAMP FOR ANY CLAIMS RESULTING IN AN INJURY TO MY CHILD.

PARENT NAME (PRINTED): _____

PARENT SIGNATURE: _____ DATE: _____