

Lady Badger Softball Camp

Tuesday, June 2 - Thursday 4, 2026

First session - Girls going into the 1st, 2nd, 3rd, 4th, 5th grades - 9:00 - 10:30 a.m.
Second session - Girls going into the 6th, 7th, 8th or 9th grades - 11:00 a.m. - 12:30 p.m.

Each camper will receive instruction on the fundamental skills in throwing, catching, and hitting. An awards ceremony will be the last 30 minutes on Thursday. Camp will be conducted by Arkadelphia softball coaches and softball players. Campers will need to bring a towel, and possibly a dry change of clothes on Thursday, last day of camp.

Cost

Registration will be \$35.00 (CASH OR CHECK ONLY)
Each girl will receive a camp t-shirt if registered by May 28, 2026
Forms can be dropped off at Arkadelphia High School
Checks must be made out to AHS Softball.
Your camper may still attend but there will be no guarantee on a shirt after May 28

What to Bring

Glove
Helmet
bat (if you have one)
Campers need to be dressed in clothing and shoes suitable for softball

Where

Arkadelphia High School softball field located in the Arkadelphia Youth Sports Complex
If bad weather occurs, all events will be hosted in Goza M.S. Gym.
For more information, contact Paige Rabb at paige.rabb@arkadelphiaschools.org

Registration Form

Name _____ Age _____ Grade for Fall 2026 _____

Cell Phone: _____ Parent/Guardian Business Phone _____

T-shirt size (circle one) Adult size: S M L XL Youth size: S M L

Medical Waiver/Parental Release

I (parent/guardian) _____ agree that (participant) _____ may participate in the Lady Badger Softball Camp. In consideration of participation in this event, I agree to fully release the Lady Badger Softball Camp and its instructors from being liable for any accident/injury resulting from the participation in the camp. I hereby authorize in advance any necessary medical treatment required to the above named child while in attendance of this camp. If in the judgment of any representative of the school, the above named athlete should need immediate care and treatment as a result of any injury or sickness, I hereby authorize, and consent to such care and treatment as a result of any injury or sickness. I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician or hospital. And I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent/Guardian Signature _____ Date _____