

WJU COACHES

Bill Vasko, Head Coach

Coach Vasko is entering his second year as head coach. Prior to becoming the head softball coach at Wheeling Jesuit University, Coach Vasko spent time as Athletic Director, teacher, and softball coach at Buckeye Trail High School. He has also had coaching experience in football and baseball at Upper Arlington High School, Ohio State University, Ohio Wesleyan University, Kenyon College, Otterbein College, Denison University, and Muskingum College. Vasko also owns his own sport training business, MAXX Training.

Amanda Thomas, Asst. Coach

Coach Thomas is in her second year with the Cardinals. She is a 2008 graduate of Ashland University where she earned a degree in Sport Management. While at Ashland she was a 4 year starter. Throughout her career she was a catcher, outfielder, and designated hitter. Her junior year she earned the 1st Team All-Conference Designated Player of the year award. Her senior year she earned 2nd Team All-Conference Designated Player of the year.

Heather Hoyt, Asst coach at Franciscan University & Private Pitching Coach

Heather is in her second year as a pitching coach at Franciscan. This will be the 3rd clinic she has done at WJU. Heather is currently attending Wheeling Jesuit University majoring in accounting.

GO CARDINALS!!!!!!!!!!!!

Wheeling Jesuit University Softball Camp

Sunday January 24, 2010
Sunday January 31, 2010



Bill Vasko, Head Softball Coach

Wheeling Jesuit University

316 Washington Avenue

Wheeling, WV 26003

bvasko@wju.edu

Phone: 304-243-2003

Camps held at Wheeling
Jesuit University's
McDonough Center

For Directions Visit:
[http://www.wju.edu/about/
directions_tour.asp](http://www.wju.edu/about/directions_tour.asp)

Medical Release

My daughter _____ has had a recent physical exam and is physically able to participate in all camp activities. As parent/guardian of the participant named above, do hereby authorize the director of the camp and the subordinates, to see to any medical and/or surgical treatment, which is reasonably thought to be necessary for the case of my child. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims.

WAIVER:

I hereby release camp staff, Wheeling Jesuit University, and employees from all claims resulting from any injuries that may be sustained by my child while attending Softball Camp.

Print parent Name: _____

Parent Signature: _____

Date: _____

Any medications participant is currently taking: _____

Any medical conditions participant has that camp staff should be aware of: _____

Emergency Contact Name & Phone Number: _____

Medical Insurance Company: _____

Phone: _____

Policy Number: _____

Pricing & Sessions

1 Session: \$25	2 Sessions: \$45
3 Sessions: \$60	4 Sessions: \$75
5 Sessions: \$85	6 Sessions: \$95
7 Sessions: \$105	8 Sessions: \$115

PLEASE CHECK ALL YOU WILL ATTEND

WEEK 1:

11am-1pm
Pitching (grades 6-8) _____
Catching (grades 6-8) _____

Noon-1pm
Hitting (grades 6-12) _____

1pm-3pm
Pitching (grades 9-12) _____
Catching (grades 9-12) _____

1pm-2pm
Hitting (grades 6-12) _____

2pm-3pm
Defense (grades 6-8) _____
Hitting (grades 6-12) _____

3pm-4pm
Defense (grades 9-12) _____
Hitting (grades 6-12) _____

WEEK 2:

11am-1pm
Pitching (grades 6-8) _____
Catching (grades 6-8) _____

Noon-1pm
Hitting (grades 6-12) _____

1pm-3pm
Pitching (grades 9-12) _____
Catching (grades 9-12) _____

1pm-2pm
Hitting (grades 6-12) _____

2pm-3pm
Defense (grades 6-8) _____
Hitting (grades 6-12) _____

3pm-4pm
Defense (grades 9-12) _____
Hitting (grades 6-12) _____

TOTAL SESSIONS ATTENDING: _____

TOTAL AMOUNT INCLOSED: _____

Please send this brochure (with the medical release signed) and your payment to:
Bill Vasko, Head Softball Coach
Wheeling Jesuit University
316 Washington Ave.
Wheeling, WV 26003

Participants Information

PARTICIPANT'S NAME: _____

ADDRESS: _____

SCHOOL: _____

PHONE NUMBER: _____

AGE: _____

GRADUATION YEAR: _____

PARENTS NAMES: _____

PRIMARY & SECONDARY POSITION: _____

SUMMER/TRAVEL TEAM: _____

HAVE YOU EVER ATTENDED A WJU CLINIC? _____

GO CARDINALS!!!!!!!!!!!!

**All camps will be taught by the
Wheeling Jesuit University coaching
staff and players**