

4th – 8th grade Softball Camp @ Waller High School

June 29- July 1, 2009 8:00 am – 11:00 am

\$50 for camp instruction and T-shirt.

The philosophy of the Waller H.S. softball camp is to focus on quality instruction, fundamentals, and strategy while giving campers a positive learning experience. The staff of Waller High School wants to teach each athlete what it takes to compete at the Varsity level in the future.

Player Information

Name: _____

Address: _____

Birth Date: _____ 2009/2010 Grade: _____

Phone: _____

T-Shirt Size: Youth Large Small Medium Large X-Large

Primary Position: _____ Secondary Position: _____

Hits: Left / Right Throws: Left / Right

Parent Information

Parent/Guardian Name(s): _____

Phone: _____ Cell Number: _____

Alternate Emergency Contact and Phone Number:

I, the undersigned parent/guardian of the individual named above, a minor, do hereby authorize the directors of the Lady Bulldog Softball Camps to act on my behalf if medical attention is required. I understand that by signing this agreement, I hereby release and discharge Lady Bulldog Camps from any and all liability resulting in injury associated with the student's participation in this activity. I will be responsible for any and all medical or other charges incurred in connection with her attendance at camp.

Parent/Guardian Signature: _____ Date: _____

Payment Information

Cash _____ Date _____

Money Order _____ Date _____

*Mail form and money to Waller High School, 20950 Field Store Rd. Waller, Tx 77484 Checks or Money orders can be made out to Waller HS Girls Booster Club. Cell number 832-260-4264. **All** forms and money need to be turned in by **Friday June 22, 2009** to guarantee a shirt. I will accept the form and money on the day of camp, but I cannot guarantee that you will receive a T-shirt. This is a 3 day clinic. Water will be provided throughout the day. There will be a concession stand for all other food and drinks during the camp.

Things to bring:

- Glove -Bat -Batting gloves -batting helmet -cleats -shorts -t-shirt -shorts -visor -sunscreen
- Catcher's Equipment (if a catcher)

**Waller High School
Medical Authorization Form**

I/We, being parent(s) of _____ a minor do hereby appoint _____ of _____ Waller, TX to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my/our absence on June 29- July 1, 2009 from 9:00 – 11:00. This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical or hospitalization may be required.

Signature of Parent/Guardian _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone : _____

Signature of Parent/Guardian _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone : _____

Hospitalization coverage for the above-named minor :

Name of Insurance Company or Gov. Carrier:

Identification or Contact Number : _____

Family Physician's Name: _____

Family Physician's Phone Number: _____

Insurance Waiver Statement

Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at our school. I have read and understand the insurance waiver statement.

Signature Parent/Guardian: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____

Student Name: _____

