

Summer Camp

**Hosted By Coach Keith Touchstone and Staff**

**Who: Next year's 3rd thru 9th Graders
Where: Spring Hill High School Baseball Field
Dates: June 12th - 13th
Time: 5:30-7:30**

**Cost of Camps: $50\***

\*Make checks payable to Keith Touchstone



Baseball Camp Registration Form

**Students Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade for 2018-19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Athlete’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, the undersigned parent or guardian, attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is to the best of my knowledge, in good physical health.**

 (Athlete name)

I understand that there is inherent risk in any camp program. Therefore. I hereby voluntarily waive and claims against Spring Hill ISD, and the staff for any personal injuries that may occur to the above athlete for the duration of the Spring Hill Baseball Camp

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_