



2019 ANDERSON TROJAN BASEBALL CAMP



JUNE 10 – JUNE 13 9:00 AM-12:00 PM (1st-5th)

JUNE 17 – JUNE 20 9:00 AM-12:00 PM (6th-9th)

The Anderson High School Baseball Coaching Staff will conduct a baseball camp for athletes 7 years old to incoming freshmen. The instruction will include fielding, throwing, hitting, and base-running. There will also be position specific instruction. The camp will be conducted on the Anderson High School baseball field. Water will be provided for campers throughout the camp. All campers will be given a Baseball Camp t-shirt on the last day of the camp. The registration fee for the Trojan Baseball Camp is \$100.00 per participant. Participants are required to provide their own transportation and baseball gear. You must register in advance by completing this registration form and returning it to Coach Kenny Matthews by June 5th.

LATE FORMS WILL NOT BE ACCEPTED.

Registration Form:

Player Name: _____

2018-2019 grade level: _____

Parent(s) Name(s): _____

Phone#(s): _____

Email address: _____

T-shirt Size (circle 1): YM YL AS AM AL AXL AXXL

Emergency Contact & phone # _____

Circle Correct Date: **Week 1 (1st-5th Grade)** **Week 2 (6th-9th Grade)**

Complete Payment Method:

Check # _____

(Make checks payable to Anderson High School with Baseball Camp in the memo line)

-or-

Online Payment Confirmation # _____ (Additional 3% convenience fee added to online payments made at <https://austinisd.schoolcashonline.com>)

Mail registration forms to Anderson HS Baseball Camp, Attn: Kenny Matthews, 8403 Mesa Dr, 78759

Waiver of Liability:

I, as a parent or guardian, hereby give permission for my child to participate in the Anderson High School *Trojan Baseball Camp*. I acknowledge that he/she is physically able to participate in all camp activities that have been described in the information brochure. I hereby release and forever discharge Anderson High School, Austin Independent School District, its employees, agents and contractors, in both their public and private capacities from any/all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with any camp activities. I also give my permission for any emergency medical care that may be required as a result of any injury.

Parent's Signature _____ Date _____

Cancellation/ Refund Policy: There is a \$25.00 cancellation/ refund fee for all cancellation/ refund requests. To request a refund of your Registration Payment, contact Kenny Matthews, kenny.matthews@austinisd.org.

Camp Coordinator: Kenny Matthews, Head Baseball Coach, kenny.matthews@austinisd.org