

REGISTRATION FORM

Camper's Name _____
Address _____
City _____
State _____ Zip _____
Age _____ Grade _____ Position _____
Middle School _____
Select Team _____
Parents Name _____
Phone Number _____
Email _____

Payment Method (circle one)

- CASH
- CHECK (make payable to Brandeis H.S.)

CAMP HIGHLIGHTS

The 2018 Brandeis H.S. incoming 5th graders-incoming freshman softball camp will cover all facets of the game, with a major emphasis on hitting and pitching.

- ◆ Fundamental fielding drills
 - ◆ Hitting instruction
 - ◆ Pitching instruction
- ◆ Individual instruction with small groups
 - ◆ Situational games



Equip- ment

campers will need:

- ◆ Athletic shorts and t-shirt
- ◆ Cleats or tennis shoes
 - ◆ Softball glove
- ◆ Helmet and bat (if you have it)
 - ◆ Water bottle

**2018
Brandeis H.S.**



**5th-9th grade
Softball
Camp**

NORTHSIDE CONSENT TO STUDENT
ACTIVITY PARTICIPATION &
MEDICAL TREATMENT FORM

Please check one or both, as appropriate, and then sign

CAMP INFORMATION

DATES: June 13th-15th

TIME: 9:30am – 12:00pm

LOCATION: Brandeis High School softball field

COST: \$20

AGES: Incoming 6th grade—Incoming 9th graders

ALL campers MUST live in Brandeis attendance zone

Camp shirts will be sold throughout the duration of the camp!

For pre-registration please mail to:
Brandeis High School
Attn: MARICELA BISSARO
13011 Kyle Seale Pkwy
San Antonio, TX 78249

On-site registration: Morning of June 13th

HUSTLE, HIT. NEVER QUIT!!!

Northside ISD is proud to offer the opportunity for our students to participate in the Brandeis H.S Middle School Softball Camp. We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO IDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as (parent or guardian) of

_____, desire that my (child/ward) participate in the Brandeis H.S. Middle School Softball Camp and grant permission for my (child/ward) to participate and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATION IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE NORTHSIDE ISD, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I HEREBY AGREE TO IDEMNIFY AND HOLD HARMLESS THE NORTHSIDE ISD, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

____ **Consent to Medical Treatment**

I hereby authorize the sponsors for this event, on behalf of Northside ISD, in the case of medical emergency during the event, to consent to medical treatment of my child or ward.

____ **Consent to Administration of Medications**

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to:

My child/ward has the following special medical conditions:

My child/ward takes the following prescription medications:

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Student Activity Participation and Medical Treatment and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child/ward's participation in the event.

Parent/Guardian Name Phone Number

Parent/Guardian Signature Date

Emergency Contact Phone Number