

Flour Bluff Hornet Baseball Camp

WHO: Incoming 4th, 5th, 6th, 7th, 8th, 9th grade boys

Date: May 30th – June 2nd (Tue - Fri)

TIME: 8:30 - 11:30 a.m.

PLACE: Baseball Field

FEE: \$50.00

DEADLINE: May 30, 2017

REGISTRATION: Please send your registration along with \$50 in order to secure your spot.

Please mail to: **Flour Bluff Athletic Dept; C/O: COACH WEIKUM**

2505 Waldron Rd. C.C. TX 78418

Make checks payable to Flour Bluff Athletic Dept. Baseball

(If registering for multiple camps, please make separate checks payable to each camp.)

For additional information: Call Coach Weikum: 694-9748

Campers will need to submit the following forms the first day of camp.

- 1. Physical from doctor. (submit a copy-not originals) Physical must be on a FBISD physical form, which is on the Flour Bluff website.**
- 2. Waiver of claims signed by parent. (bottom of form)**
- 3. Registration form. (please submit as soon as possible)**

(PLEASE DETACH REGISTRATION FORM AND MAIL WITH CHECK)

BASEBALL 2017 SUMMER CAMP REGISTRATION FORM

Name: _____ Grade Next Year: _____

Home Address: _____ City/Zip: _____

Parent(s) Name: _____ Home: (361) _____

Work: (361) _____ Cell: (361) _____ Doctor's: (361) _____

Please list any medical concerns if any: _____

WAIVER OF CLAIMS: I, as a parent, guardian or adult student hereby give permission for my child/myself to participate in the Flour Bluff Baseball Camp and acknowledge the fact that my child/I am physically able to participate in camp activities. I hereby authorize Flour Bluff Independent School District ("FBISD") and the directors of the Flour Bluff Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention. I also assume any and all other risks associated with participating in baseball camp, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity. I also understand the risk of my child/myself participating with other children of varied skill levels, abilities and age differences. I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child/myself. I hereby agree to release, discharge and forever hold FBISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from any and all claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's/my own participation in UIL and FBISD approved sports.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____