

Jacksboro Tiger Baseball

Summer Camp 2009

**@ Jacksboro City Baseball Complex
Jacksboro, TX 76458**

When: June 15th – 18th. (Mon. – Th.)

Objective: To teach fundamentals in hitting, fielding, throwing, and base running.

For: Incoming 4th Graders - Incoming 9th Graders (**8:30 a.m. – 11:30 p.m.**)

Cost: \$40.00 per child (each additional child in immediate family- \$20.00)

Late Registration (After June 15th) – does not guarantee extras!

****Early Registration extras: T-shirt, certificate, and camper of the day prizes!***

Equipment needed: Cleats, tennis shoes, bat, glove, baseball cap, & batting helmet. (Personalize your equipment)

Please mail registration form (one per child) and payment to:

Jacksboro Baseball Camp, c/o Ronny Ballard

920 W. Belknap

Jacksboro, TX 76458

(940) 229-8266

****payment must be received by Monday June 15th to receive extra incentives.***

Checks should be made payable to: Jacksboro Athletics

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Grade: _____ **Check T-shirt size:** ___YS ___YM ___YL ___AS ___AM ___AL ___AXL

Name: _____ **School:** _____

Address: _____ **City, State, Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Parent/Guardian: _____

(PLEASE PRINT)

As the parent/guardian of _____ I release, waive, discharge Jacksboro High School, its employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damage including death which may be sustained by my child during the duration of the Jacksboro Baseball Camp. To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk while participating in the camp. During the period of the camp, I hereby give permission to the staff of Jacksboro High to administer proper medical assistance to my child in the event of accident, illness or injury. I understand that I will be responsible for any and all costs of medical treatment and coverage provided not covered by insurance. **I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS.**

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

If parents can't be reached, contact: _____ **Phone:** _____