

Jourdanton Squaws Softball Camp

WHO: Incoming 5th, 6th, 7th, 8th & 9th (GIRLS)

DATE: May 29th, 30th & 31st (Tuesday-Thursday) **TIME:** 5:30-8:00 P.M.

PLACE: Jourdanton Sports Complex **FEE:** \$40.00

REGISTRATION: Please send your registration along with a check for \$40 in order to secure your spot.

Please mail to: ***Jourdanton ISD.; C/O: COACH Ponton***
200 Zanderson Ave., Jourdanton, Tx 78026
Make checks payable to Jourdanton ISD

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

For additional information: Call Coach Ponton @ 361-877-3869

Campers will need these items for the first day of camp.

- 1. Waiver of claims signed by parent. (bottom of form)**
- 2. Registration form. (please submit as soon as possible)**
- 3. Glove, appropriate clothing, and a great attitude!**

(PLEASE DETACH REGISTRATION FORM AND MAIL WITH CHECK)

SOFTBALL 2018 SUMMER CAMP REGISTRATION FORM

Shirt Size: (circle one)

Name: _____ Grade Next Year: _____ YS YM YL or Adult: S M L XL

Home Address: _____ City/Zip: _____

Parent(s) Name: _____ Home Phone: _____

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

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 Jourdanton Softball Camp and acknowledge the fact that my child/I am physically able to participate in camp activities. I hereby authorize Jourdanton Independent School District ("JISD") and the directors of the Jourdanton Softball Camp to act for me according to their best judgment in any emergency requiring medical attention. I also assume all and any other risks associated with participating in softball 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 JISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from all and any claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's/my own participation in UIL and JISD approved sports.

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

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