

FLOWER MOUND JAGUAR BASEBALL CAMP
The Weeks of: 5-12 year olds June 13 – 16, 2011
13-14 year olds June 20-23, 2011
REGISTRATION FORM

Campers Name _____ Age _____
Address _____ E-Mail _____
City _____ State _____ Zip Code _____
Phone Numbers: _____
School Attending Next Year _____

Session 1: Ages 5 to 8 8:00 AM to 11:00 AM _____
Session 2: Ages 9 to 12 12:00 PM to 3:00 PM _____ **(CHECK ONE)**
Session 3: Ages 13 and 14 8:00AM to 11:00 AM _____

All Sessions will be Monday through Thursday. Sessions 1 and 2 are the week of June 13-June 16th. Session 3 is the week of June 20-23.

<u>T-Shirt Size</u>	<u>Youth</u>				<u>Adult</u>			
(CIRCLE ONE)	S	M	L	XL	S	M	L	XL

Mail Check and Registration Form to:

\$ 65.00
Flower Mound Jaguar Baseball Camp
Flower Mound High School
3411 Peters Colony
Flower Mound, Texas 75028

MEDICAL TREATMENT-CONSENT AND RELEASE AUTHORIZATION

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the JAGUAR BASEBALL CAMP, MARTE AMRINE AND HIS STAFF, LEWISVILLE INDEPENDENT SCHOOL DISTRICT AND FLOWER MOUND HIGH SCHOOL from all rights and claims for damages, injuries, or loss of person or property which may be sustained during participation in CAMP ACTIVITIES or while at THE CAMP.

I/We also give permission for my child to be given emergency treatment as necessary.

Parent's Name (**Print**)

Parent's Signature