

FLOWER MOUND JAGUAR BASEBALL CAMP

The Week of: June 14 – 18, 2010

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 12:30 PM to 3:30 PM _____ **(CHECK ONE)**

Session 3: Ages 13 and 14 4:30 PM to 7:30 PM _____

****Session 1 and 2 will be Monday through Thursday. Session 3 will be Monday through Friday****

T-Shirt Size

(CIRCLE ONE)

Youth

S M L XL

Adult

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