2009 SPRINGVILLE HIGH SCHOOL
YOUTH BASEBALL CAMP

CAMP DATES: Thursday, May 21st and Friday, May 22nd
TIME: 1:00pm—4:00pm
LOCATION: Springville High School—Baseball Field

AGE GROUP: 2nd thru 6th Grades *Completed*

COST: $45. per participant - Includes: Instruction, T-Shirt, Snacks & Sports Drinks

Walk up's welcome but no T-shirt will be available!

CHECKS MADE PAYABLE: Springville Baseball

HOSTED BY: Head Baseball Coach -Jonathan Ford / Asst. Coach -Brian Vandevander and SHS Baseball Players

FOR MORE INFORMATION: Jonathan Ford (256) 390-7130 or jonathan.ford@sccboe.org

CALL TO CONFIRM SPOT ~ MAIL FORMS AND PAYMENT TO:

Springville Baseball
8295 US Hwy 11
Springville, AL 35146

REGISTRATION DEADLINE: Wednesday, May 13, 2009

<<<<<<<<<<<<<<<<< CAMP REGISTRATATION FORM >>>>>>>>>>>>>>>>>

PARTICIPANT'S NAME_____HOME PHONE_____

PARTICIPANT'S SCHOOL_____AGE_____GRADE COMPLETED_____

PARTICIPANT'S T-SHIRT SIZE: YM YL YXL AS AM

MOTHER'S NAME_____CONTACT PHONE_____

FATHER'S NAME_____CONTACT PHONE_____

EMERGENCY CONTACT NAME_____CONTACT PHONE_____

_____ has my permission to participate in the 2009 Youth Baseball Camp at Springville High School on Thursday, May 21, 2009 and Friday May, 22, 2009. I consent for SHS Coaches and other leadership to seek emergency medical care for my child if needed. I understand that SHS Coaches, the Principal and / or the St. Clair County Board of Education will not be held responsible for any accident which might occur during the baseball camp.

_____ ___/___/2009 Contact Phone_____
Parent / Guardian Signature Date

Insurance Company_____Policy Number_____

List any medication, which your child will need to take:_____

List any medication or condition that your child may be allergic to:_____

List any condition that your child may have that emergency medical personnel should be aware of:_____

(If no medication / allergy / or medical information is necessary, please write NONE in all of the blanks above.)