



The camp is for all incoming 6th, 7th, 8th, and 9th graders who are interested in playing baseball at Magnolia High School. The camp will be hosted by Magnolia High School head coach Taylor Shiflett, and his assistant coach David Moore.

Ages	Date	Time	Cost
Incoming 6th,7th, \$100.00	July 16-July 19	9:00-11:00	
Incoming 8 th , 9 th \$100.00	July 16- July 19	11:00-1:00	

Location: Magnolia High School Baseball Field

Equipment: It is recommended that players bring their own bats gloves and catchers equipment. Cleats and tennis shoes must be available In case of inclement weather. Players are also encouraged to bring personal water bottles, however water will be provided. Make checks payable to:

Make checks payable to: Taylor Shiflett (cash/money order preferred)

Mail to: Magnolia High School Attn: Taylor Shiflett PO Box 428 Magnolia, TX 77353

Liability:

In the event of an emergency situation, I hereby authorize the Magnolia Baseball camp staff to obtain medical attention for my child. I hereby waive and release both the ACSC staff and MISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in soccer that an accident or injury may occur. **Parent Signature**:

Emergency Medical Contact:

Physicians Name and Number:

Please list any medical condition that we should be aware of:

* please note that there is no trainer on site

Campers will receive a T-shirt

DEADLINE for Mail-in Registration is: Friday, May 26th, 2017

Walk-Ups Welcome Late Registration will be at the baseball field on the first day of camp.

MISD Camp Waiver:

Student's Name: _ Activity: Baseball

In order for your child to be able to participate in the 2017 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing MISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to your child, we recognize that MISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expense or damage and will have no insurance covering your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by MISD. Dated this _____ day of _____ 2017. **Parent Signature**:

REGISTRATION FORM:

Grade Level in Fall 2017: _____ Camper's Name: _____ Parent's Name: _____

Parent's Address:

Parent's Phone Number: _____ Camper's T-shirt Size: (circle one)