

DUTCHTOWN HIGH SCHOOL BASEBALL CAMP

For boys and girls entering Kindergarten through 6th grade in the Fall of 2018

DUTCHTOWN HIGH SCHOOL GRIFFIN FIELD
JUNE 4-7 9 AM - 12 PM



Coaches working the camp will include the head coach of Dutchtown High, as well as assistant coaches of DTHS

Dutchtown High Baseball current and former players will assist coaches with instruction



REGISTRATION

Participant's Name: _____

Age: _____ Gender (check one): Male _____ Female _____

Grade in fall of 2018: _____

Shirt Size (YM, YL, AS, AM, AL, AXL): _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Email: _____

Make all checks payable to:

Griffin Booster Club

Mail to:

D'Town Baseball Camp
7003 Pelican Crossing Dr.
Gonzales, LA 70737

Early registration must be post-marked by Tuesday, May 29th
Walk up campers will be accepted with payment of \$100 on 1st day of camp

Medical Release: I/We, the undersigned individual and as a parent(s) or guardian(s) of _____, a minor, ask that he be admitted to participate in the D'Town Baseball Camp. In consideration of such admission, I/we do hereby agree to release, discharge and hold harmless the camp coaching staff, Griffin Booster Club, and the Ascension Parish School Board from all causes, liabilities, damages, claims, or demands whatsoever on the account of any injury or accident involving the minor arising out of the minor's attendance at this baseball camp. I also hereby authorize the coaches of the D'Town Baseball Camp to act for me according to their best judgment in any emergency requiring medical attention. The coaches of the D'Town Baseball Camp are acting as independent agents.

Parent/Guardian Signature: _____ Date: _____

*If the camper has any existing health issues we should know about (allergies, asthma, etc), please list them on the back of this form.

YOUTH CAMPS