



# 2019 Shallowater Fillie Softball Camp



**DATE:** June 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup>, 2019

**Cost:** ALL CAMPERS \$50.00

\*Includes Camp Shirt

**Place:** High School Field

**Time:** Incoming 1<sup>st</sup> through 5<sup>th</sup> graders 9:00am-10:00am

Incoming 6<sup>th</sup> through 9<sup>th</sup> graders 10:15am- 11:30am

## Registration:

Please send application with full payment by May 28<sup>th</sup>, 2019. We will accept late signups on the morning of June 3<sup>rd</sup>. Please make checks payable to Callie Noland. Applications can be turned in to the office at the high school/ junior high or mailed to:

Callie Noland  
1314 10<sup>th</sup> Street  
Shallowater, Tx 79363

For more information, contact Callie Noland: (806) 241-5952

**Detach Below**

## Shallowater Softball Camp

### Softball Camp Form

**Camper's Name** \_\_\_\_\_

**Incoming Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**T Shirt Size (Circle One): Youth: S M L Adult: S M L XL XXL**

### ASSUMPTION OF RISK/RELEASE OF LIABILITY:

I, as a parent or guardian of the above named camper, hereby grant permission for her to participate in the Shallowater softball camp. I acknowledge the fact that she is physically able to participate in all camp activities. I hereby release the camp and its employees, Shallowater Independent School District, its Board of Trustees, Administration and its employees, from all claims from injuries or illness that may be sustained by our daughter. I authorize the director or her designee to select hospital facilities and/or the physician of her choice and authorize treatment of the above named child on an emergency basis in the event that such treatment becomes necessary during the softball camp.

**Parent Name (Print)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_