

Registration

Name: _____

Address: _____

Phone: _____

Circle t-shirt size: **YS YM YL YXL AS AM AL AXL**

The camp will focus on the fundamentals of softball

Throwing	Bunting
Fielding	Sliding
Hitting	Base running

Sign Up Information

- Drop off registrations at any Cozad Community School office or mail to Ashley Ford at 1417 Newell St. Cozad, NE 69130
- Applications must be turned in by May, 3rd to receive a t-shirt but will be accepted until May 17th.
- Please make checks payable to **Cozad Community Schools** (\$30)

Parental Consent Form

Please provide the following medical information for your camper.

Allergic Reactions/Medication: _____

In Case of Emergency Contact

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Email: _____

Other Contact: _____

Phone: _____

In the event a parent or guardian cannot be contacted please indicate one of the following:

____ I hereby certify the staff of the Haymaker Softball Camp has full and unconditional authority to proceed with treatment as judgment indicates for injuries during camp. The staff of the Haymaker Softball Camp will not be held responsible for any consequences resulting from such injuries.

____ I authorized limited care as follows:

I declare that I am the parent/guardian for the above mentioned minor:

Name: _____

Signature: _____

Date: _____