



2019 Oak Ridge High School Softball Camp



Dates: June 3-5, 2019

Time: 8:00—10:00 (incoming 6th-9th)

10:30—12:00 (incoming 1st-5th)

Hosted by: ORHS Coaching Staff

Cost: \$75 Early Registration by April 22, 2019

Please mail to :

Oak Ridge High School

Attn: Stephani Rougeau / Softball

27330 Oak Ridge School Road

Conroe, TX 77385

\$85 Walk Up/After April 22nd—cash or check payable to ORHS Softball Booster
****checks need to have D.L. # , D.O.B. and Phone # on it.**

Equipment Needed: Glove, cleats or running shoes, bat, visor or hat. Water will be provided, but campers may bring a water jug or small cooler with drinks.

Attire: T-shirts and shorts, softball pants are optional, bring a towel and swimsuits on the last day of camp.

Player's Name: _____ Age: _____ School Attended: _____

Incoming Grade 2019 _____ Positions Played: _____

Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Emergency Contact name and phone: _____

List any medical conditions: _____

******See reverse side for Insurance and Parent Permission Waiver******

Please circle one:

T-shirt Size: Youth: Small Medium Large

Adult: Small Medium Large X-Large

CONROE INDEPENDENT SCHOOL DISTRICT
Parent Permission for Participation
2019 Sports Camp
(Revised 3/2019)

- Football Speed and Power Basketball Track & Field Softball
 Baseball Cross Country Golf Soccer Cheer Volleyball

Student Name: _____ Grade: _____ Student ID# _____

Parent/Legal Guardian Name(s): _____

Parent/Legal Guardian Contact Number: _____

PARENT PERMISSION AND RELEASE: I agree to allow my child to participate in the above 2019 Sports Camp. I understand that while student safety is a high priority for the District, under state law, the District is not responsible for medical costs associated with a student injury. I agree to release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, made against it or them on behalf of my child. I authorize and consent to immediate care and treatment for my child by any physician, nurse, hospital or District representative as a result of any injury or sickness my child may suffer related to the camp. I voluntarily sign this form with full understanding of its significance.

Signature of Parent/Legal Guardian

Date Signed

Insurance & Emergency Contact Information:

My child is covered under the insurance policy of

- Father Mother None

Insured's Name _____

Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number _____

Group # _____ ID# _____

List Medication or Food Allergies _____

Other Medical Issues: _____

List Current Medications Taken With Student: _____

Emergency Contact – Mother: _____

Father: _____