WILSON HIGH SCHOOL BASEBALL

Youth Baseball Camp—December 27 & 28, 2012—2 days

Grades 3rd thru 8th

The Baseball camp will include instruction and drills for hitting, pitching, and fielding. The camp will be held on December 27 & 28 in the Wilson High gymnasium. Enter by the NW corner of gym from the parking lot. Campers will need a bat, helmet, glove, and hitting gloves.

YOU MUST PRE-REGISTER TO ATTEND.

Session 1	**1:00-3:45PM**	**Ages 10-12**
Session 2	**4:00-6:45PM**	**Ages 12-14**

COST--$60. **REGISTRATION DEADLINE: December 26.**

REGISTER BY EMAIL, mikeclopton@hevanet.com

Bring both forms and payment on December 27 to first session.

Questions? Email Mike Clopton or call Jeremy Shetler, 503-329-3152.

Instruction is provided by Wilson High Associate Head Coach Jeremy Shetler, the Wilson High Staff and Varsity baseball players.

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REGISTRATION FORM--Wilson Baseball December Baseball Camp

NAME _____ GRADE _____ PHONE _____

ADDRESS _____ ZIP _____

EMAIL _____

I hereby waive, release and relinquish any and all right to claim to damages against the camp directors/staff, Portland Public Schools, or Wilson High School which may be sustained in connection with or as a result of engaging in this clinic.

I have no knowledge of any physical impairment that would be affected by the above participating in this activity. I understand no insurance will be provided for the participants.

PARENT/GUARDIAN SIGNATURE _____DATE _____

Clinic.wr12/6

WILSON BASEBALL CAMPS
Medical Approval and Release

Name of Player _____

Address _____ Zip _____

Home Phone _____ Emergency Cell Phone _____

Family Physician _____

Address _____

City _____ Zip _____ Phone _____

CONSENT FOR TREATMENT FORM

As parent (or legal guardian) of _____, I hereby give my consent for any emergency medical treatment as approved by the adult escort, in case of illness or injury while participating in summer baseball league activities.

I understand that this consent is to prevent undue delay and assure prompt treatment. Only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached. This consent will make immediate treatment possible.

Date _____ Parent or guardian signature _____

LIST ANY MEDICAL ALLERGIES OR MEDICATION _____

_____

_____

Name of Family Hospitalization Plan _____

Policy Number _____ Employer _____