LCU CHAPARRAL BASEBALL CAMP

HAYS FIELD @ LCU COST $90

SESSION I: JUNE 8-11 (9-NOON) 4^{TH}-6^{TH} GRADERS

SESION II: JUNE 15-18 (9-NOON) 1^{ST}-3^{RD} GRADERS

NAME_____

ADDRESS _____

CITY, STATE ZIP _____

SCHOOL _____CAMP SESSION_____

GRADE IN '09-'10 _____POSITION PLAYED_____

PARENT'S NAME _____

PARENT'S PHONE # _____

EMAIL ADDRESS _____

PLEASE CIRCLE ONE: ADULT T-SHIRT SIZE S M L XL XXL

YOUTH T-SHIRT SIZE S M L

Liability Release Statement:

As parent/guardian, I hereby grant permission for _____to participate in Chaparral Baseball Camp. I acknowledge the fact that he is physically able to participate in camp activities. I hereby release the camp and its employees from all claims from injuries or illness which may be sustained by _____and authorize treatment in an emergency basis in the event such treatment becomes necessary while attending camp. I also grant permission to Lubbock Christian University to photograph _____ for future advertisement of this camp.

BE SURE TO INCLUDE A COPY OF THE CAMPER'S INSURANCE CARD.

_____ _____

Signature of Parent or Guardian Date

Please make checks payable to: **LCU Baseball Camp ($90)**

And mail to: LCU Baseball Camp, 5601 19^{th} Street, Lubbock TX 79407