



2017 SUMMER SKILLS CAMP

DATE: June 5th, June 6th, & June 7th

TIMES: 8:30am – 11:00am

WHO CAN ATTEND: Incoming 6th to 9th graders

Name: _____ **Age:** _____ **DOB:** _____

School: _____ **Grade:** _____

Primary Position: _____ **Secondary**

Position: _____

Address: _____

Phone #'s: _____ **Home** _____ **Cell**

Email: _____

Emergency Contact: _____ **Relationship:** _____

Pre-Existing Health Conditions: _____

Current Medications (Frequency): _____

Camper T-Shirt(circle one): AXS AS AM AL AXL AXXL

*camper t-shirt 10.00 each**

Cost: \$25.00(without t-shirt) or \$35.00 (with t-shirt)

Make Checks Payable to: Brennan Baseball

Send Payment to: 2400 Cottonwood Way, San Antonio, TX 78253
C/O: Coach Alvarado

Equipment Needed for Camp: Baseball pants, t-shirt, cap, glove, bat, baseball cleats or sneakers, sunblock, water bottle, & a GREAT ATTITUDE to learn Brennan baseball

For Updates, Schedules & FAQ's email Coach Alvarado – Jaime.Alvarado@nisd.net or visit: <https://sites.google.com/a/nisd.net/brennan-athletics/baseball>

CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM

Northside Independent School District is proud to offer the opportunity for our students to participate in the **BRENNAN BASEBALL CAMP**. We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as (parent or guardian) of _____, desire that my (child or ward) participate in **BRENNAN BASEBALL CAMP** and grant permission for my (child or ward) to participate in and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATING IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

Please check one or both, as appropriate, and then sign:

____ Consent to Medical Treatment I hereby authorize the sponsors for this event, on behalf of Northside Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ (name of child or ward)

____ Consent to Administration of Medications I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to: _____

My child/ward has the following special medical conditions: _____

My child/ward takes the following prescription medications: _____

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Student Activity Participation and Medical Treatment and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

Parent or Guardian Signature Date Phone number

The following individuals may be contacted at the numbers below if I am not available in case of an emergency:

Name (please print) Phone number