Granger Lion Baseball Camp

- **May 31st – June 2nd for In-Coming 1st – 9th Graders.**
- **9:00 – 11:00 at Granger Lion Baseball Field**
- **Cost $35 (Make check payable to: Granger Baseball)**
  - **Return to School Office or Registration First Day of Camp.**
- **Campers are given Prizes (Jerseys, Caps, Balls, etc)**
- **Camp with Less than 10 Participants will be cancelled.**
- **Remember to bring Bat, Glove, Sunscreen, Water Bottle, and Cap.**

Participant Information	Participant Information
Name:_____ **Address:_____** **Phone #:_____** **In-Coming Grade:____** **Parent Name – Please Print:_____**	**Name:_____** **Address:_____** **Phone #:_____** **In-Coming Grade:____** **Parent Name – Please Print:_____**
Participant Information	**Participant Information**
Name:_____ **Address:_____** **Phone #:_____** **In-Coming Grade:____** **Parent Name – Please Print:_____**	**Name:_____** **Address:_____** **Phone #:_____** **In-Coming Grade:____** **Parent Name – Please Print:_____**

Authorization of Consent to Treatment of a Minor and Release of Liability

I, the undersigned parent of _____, a minor, do hereby give permission for Granger High School, its officers, employees, trainers, and any hospital physician to act in their best judgment in any emergency requiring medical attention. I hereby waive and release Granger High School, its officers, employees, trainers, and any hospital physician from any and all liability, from necessary medical treatment given to my child. It is our understanding that we will be contacted in the event of illness or injury if at all possible. I also understand and am aware that there are obvious dangers/risks inherent in participation of this program, including, but not limited to injuries sustained through a fall, bruises, sprains, muscle strains, fractures and head injuries, or loss/damage of personal property, and I voluntarily agree to assume such risks.

_____ _____ _____ _____

Parent/Guardian Signature **Date** **Daytime Phone** **Cell Phone**