BETWEEN THE LINES

BASEBALL CAMP
College Park Cavaliers
2016

"Between the Lines" baseball camps are directed by College Park HS head baseball coach, Jason Washburn, and the Cavalier coaching staff. The campers will be exposed to the coaches as well as some of College Park's former players teaching them how to play the game the right way. These camps are designed to improve the players' fundamentals and quality of baseball play, as well as to enhance the enjoyment of the game.

Session I:	***Ages***	***Date***	***Time***	***Cost***
	Incoming Grades 1 – 5	June 6-9(M-Th)	9:00-12:00	$90.00
Session II:	***Ages***	***Date***	***Time***	***Cost***
	Incoming Grades 6 – 9	June 13-16 (M-Th)	9:00-12:00	$90.00
Session III: Pitchers/Catchers	***Ages***	***Date***	***Time***	***Cost***
	Incoming Grades 5 – 9	June 17 (Friday)	9:00-12:00	$40.00

Equipment: It is recommended players bring their own bats and gloves. Limited supplies of bats and gloves will be available. ***Cleats and tennis shoes*** must be available in case of inclement weather. Players are also encouraged to bring personal water bottles, however, water will be provided in the dugouts.

Concessions: Concessions will be available and water will be provided in the dugouts.

Checks made payable to ***Between the Lines Baseball Camp*** *and may be mailed to: 131 W. Drifting Shadows Cir., The Woodlands, TX 77385*
Questions addressed to Coach Washburn: (email) jwashburn@conroeisd.net (phone) 936-697-1865 (web) www.collegeparkbaseball.com

---PLEASE COMPLETE AND DETACH THE INFORMATION BELOW---

Name: _____ *Age*: _____ *Grade ('16-'17)*_____
Last First

Address: _____
Street City State Zip

Parent(s) Name: _____ *Phone*: _____

Email address: _____

Emergency contact: _____ *Emergency phone:* _____

Please circle session(s) to attend below:

Session I (June 6-9) **Session II (June 13-16)** **Session III (June 17) Pitchers/Catchers**

Please circle T-shirt size below:

Youth: S M L
Adult: S M L XL

In order for your child to be able to participate in the 2016 camp/activities, it is necessary for you to sign this statement indicating your understanding that the CISD district does not carry insurance covering injuries your child may sustain.

By my signature, I am informing Conroe Independent School District that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to our child, we recognize that the CISD, its Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expense, or damage and will have no insurance covering our child. We have made the choice on behalf of our child without any interference from anyone serving or employed by the Conroe ISD in any capacity.

Dated this _____ day of _____ , 2016. *(At least one signature is required)*

_____ Father's signature
_____ Mother's signature
_____ Guardian's signature