

**2014 Medina Valley Softball Camp**

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***This*** *Year’s* grade: \_\_\_\_

**Saturday, January 18, 2014 10:00 a.m. – 12:30 p.m. 1st thru 8thgrades Fee: $30**

**T-shirt size (specify youth or adult):** \_\_\_\_\_\_\_\_\_\_\_\_

-In order to be assured of receiving a t-shirt at the camp, registration forms

and payment must be submitted at least two weeks prior to camps.
**- Youth Small, Youth Medium, Ad Small, Ad Medium, Ad Large, Ad Extra Large, Ad XX Large -**

***Camp registration fee is non-refundable!***

**Parent Permission and Assumption of Risk\Release of Liability:**

It is understood that the Medina Valley Independent School District does not provide medical insurance covering injuries of any nature incurred during the Medina Valley Softball Camp. The undersigned hereby releases the Medina Valley Independent School District, its successors, assignees, officers, agents and employees from any and all claims, demands, and cause of action whatsoever in any way growing out of or resulting from the participation in any Medina Valley Softball Camp.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for my son/daughter to participate in the Medina Valley Softball Camp program, which is sponsored by the Medina Valley Independent School District. I give my permission to Emergency Room Doctors of the nearest available medical facility to treat my child in the event of any injury.

 **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you choose to register by mail, please send to:

**MVISD Softball Camp**

**8365 FM 471 South**

**Castroville, TX 78009**

\*Please remember to submit a separate check for each camp!