

MOUNTAIN VIEW HIGH SCHOOL 2016 SOFTBALL CAMP

FOR: MVHS Athletes Entering Grades 9-12 (Fall 2016)
DATES: August 9-11 (Tuesday-Thursday)
TIMES: 10:00AM – 3:30PM (30 minute break from 12:30-1:00)
LOCATION: MVHS Softball Field
COST: \$40 Per Athlete
WEBSITE: WWW.MVHSSOFTBALL.COM



Make checks payable to: [MVHS](#)

Please return this form and payment to Coach Felton no later than **[August 1, 2015](#)**.
(Mail to 2505 Turquoise Street, Loveland, CO, 80537)

ALL CAMPERS WILL RECEIVE A MVHS SOFTBALL T-SHIRT

Circle T-Shirt Size (Adult Sizes): S M L XL

Camper Name: _____ Phone # _____

School Attended in 2015: _____ Entering Grade: _____

Emergency Contact: _____ Phone # _____

Medical Release:

I hereby permit my child to participate in the Mountain View High School Softball Camp. I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences of sports. I hereby release and harmless The City of Loveland, Mountain View High School, Mountain View High School staff, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation.

In case of medical emergency, I hereby give permission to Mountain View High School Staff and Volunteers to order treatment for my child. This includes any necessary medical treatment and x-rays. Of course, I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility.

Parent or Guardian Signature

Phone

Date