



SKILLS & DEVELOPMENT CAMP 2019

Located at ORHS Baseball Field

Camp Directed by ORHS Baseball Coaches

Contact JJ Peirce - jpeirce@conroeisd.net or Andy Einhaus - aeinhaus@conroeisd.net for questions

Incoming 1st -5th Graders

JUNE 10TH - 13TH
8:30-11:30 AM

Incoming 6th-8th Graders

JUNE 10TH - 13TH
1:00-4:00 PM

Incoming Freshman Camp

JULY 8TH - 11TH
8:30-11:30 PM

Equipment needed: bats glove, hat, tennis shoes, cleats etc. **Equipment optional:** catcher's gear, and helmet. Please have your name on all your equipment clearly marked. We will not be responsible for lost equipment, but we will make every attempt to try to find it. **Inclement Weather:** Camp will be moved indoors or pushed back a day.

Skills & Development Camp Registration Form

Please detach and mail check, registration form, and waiver/insurance form

****Slots are limited, Pre-Registration is recommended****

Please circle size for camp t-shirt. We will try to get as close to right size as possible.

Adult: S M L XL XXL

Youth: S M L XL

Please Circle Session attending:

Incoming 1st-5th Grade
06/10/18 - 6/13/19
8:30-11:30 am
Cost: \$100

Incoming 6th-8th Grade
06/10/18 - 06/13/19
1:00-4:00 pm
Cost: \$100

Incoming Freshman
07/08/18 - 07/11/19
8:30-11:30
Cost: \$100

CAMPER'S NAME: _____

INCOMING GRADE: _____

CAMPER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

CAMPER'S GUARDIAN(S): _____

EMERGENCY PHONE NUMBERS: _____

GUARDIAN'S EMAIL: _____

SIBLING CAMPER DISCOUNT \$80 each camper SIBLING'S NAME: _____ (must fill out registration for all campers)

REFUND POLICY: NOTIFICATION 7 DAYS IN ADVANCE = FULL REFUND, LESS THAN A WEEK = 50% REFUND

Checks payable to: ORHS Baseball Mail to: ATTN: Coach Peirce 27330 Oak Ridge School Road Conroe, TX 77385

Checks must include: Full Name, Street Address (no PO Box), 10 digit Home Phone, Secondary Phone, Drivers Licence w/State

Cash Payments may be mailed or brought to ORHS athletic office (please email a coach to inform of cash payment)

CONROE INDEPENDENT SCHOOL DISTRICT
Parent Permission for Participation
2019 Sports Camp
(Revised 3/2019)

- Football Speed and Power Basketball Track & Field Softball
 Baseball Cross Country Golf Soccer Cheer Volleyball

Student Name: _____ Grade: _____ Student ID# _____

Parent/Legal Guardian Name(s): _____

Parent/Legal Guardian Contact Number: _____

PARENT PERMISSION AND RELEASE: I agree to allow my child to participate in the above 2019 Sports Camp. I understand that while student safety is a high priority for the District, under state law, the District is not responsible for medical costs associated with a student injury. I agree to release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, made against it or them on behalf of my child. I authorize and consent to immediate care and treatment for my child by any physician, nurse, hospital or District representative as a result of any injury or sickness my child may suffer related to the camp. I voluntarily sign this form with full understanding of its significance.

Signature of Parent/Legal Guardian

Date Signed

Insurance & Emergency Contact Information:

My child is covered under the insurance policy of

- Father Mother None

Insured's Name _____

Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number _____

Group # _____

ID# _____