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**WHEN: June 5th-June 6th (Wed. & Thurs.)**

**WHERE: North Park-Orange Field (Bad Weather=High School Gymnasium)**

*Camp Staff will be High School Coaching Staff and Current High School Players*

**TIMES:**

9:00 – 11:00AM (girls entering) GRADES **6th-8th** $**25.00**

CAMPER INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE FOR 2019-20: \_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_ HOME PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY #:

SHIRT SIZE (circle): Youth: 10-12 14-16 Adult: S M L XL XXL (When in doubt on sizes, order a size too big as we do not order extra shirts!)

***\*\*Identification and Medical Treatment Authorization\*\****

The undersigned parents and/or guardians of (campers name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant, for and in further consideration of the softball camp acceptation said applicant, does hereby release and discharge Kirksville R-III Schools and it’s representatives, employees, and agents from any and all debts, claims, demands, actions, damages, caused of action, judgments, or suits of any kind which may arise or be occasioned as a result of any course of instruction or the applicants participation in the softball camp. In addition, I/we being the parents and/or guardians of the applicant authorize the Kirksville R-III and its agent’s permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Insurance Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Camper Code of Conduct Contract\*\****

As a participant in the Kirksville Lady Tiger Softball Camp, I agree to comply with all of the rules, regulations, and directives of the coaching staff, and I will treat all of the coaching staff and other camp participants with respect, courtesy, and good will. I have read the above statement and understand that failure to comply with that statement may result in my removal from the camp without refund.

Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information contact Derek Allen by email at dallen@kirksville.k12.mo.us

**Cash or Check: Make Check to Kirksville R-III School District**

**Drop Off @ KHS Office OR Mail To: Derek Allen-2501 College Park Drive-Kirksville, Mo 63501**

**-** Turn in all Forms by May 3rd for Guaranteed Shirt,

- Forms can be turned in after May 3rd (No guarantee on T-shirt) and Walk Ups are Welcomed

**-** Camp is open to all Kirksville and surrounding area