



COWLITZ
BLACK BEARS

BASEBALL YOUTH CAMPS



WHAT: Cowlitz Black Bears Youth Baseball Camp



WHERE: Story Field



WHEN: Session I: June 28th-30th, 9am to 12pm
Session II: July 5th-7th, 9am to 12pm



WHO: All Players Between the Grades of 2nd-8th



COST: \$75/Session



Questions: Please call the office at 360-703-3195

PURPOSE: These camps will allow the youth of Cowlitz County to learn the fundamentals of the game such as fielding, throwing, baserunning and hitting from some of their favorite Black Bears coaches and players.

Registration

Last Name _____ First Name _____ Age _____
Address _____ City _____ State _____
Phone _____ Email _____
Emergency Contact _____
Emergency Contact Number _____
Camp Attending _____ (ex. Session I)
Primary Position _____
Secondary Position _____

Please bring registration form and payment to the ticket office at Story Field M-F 9am to 5pm or on the first day of camp.

INSURANCE INFORMATION

All participants must have their own medical/accident insurance coverage and notify the camp/clinic of any changes or cancellations.

Medical insurance company: _____ HMO ___ PPO ___

Policy number: _____ Group number: _____

Subscriber number: _____ Subscriber ID#: _____

Claims/Billing Address: _____

City, State, Zip Code: _____

If HMO or PPO, who is your Primary Care Physician? _____

Primary Care Physician phone number: _____

Parent/Guardian Consent:

This health history for _____ is correct to the best of my knowledge, and has permission to engage in all prescribed camp activities, except as indicated as "restrictions" previously stated on this document. In the case of any emergency where I cannot be reached, I hereby grant permission to Cowlitz Black Bears Camp/Clinic Program staff, assigned physicians and/or their consulting physician to render to my son or daughter any treatment, medical or surgical care that they deem reasonably necessary to ensure the health and well-being of my child named above. I also hereby authorize the athletic trainers of the Cowlitz Black Bears Camp/Clinic to render to my child any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of my child named above.

Parent/Guardian Signature

Date

Acknowledgment of Risk and Release from Liability

Participation in athletics requires an acceptance of risk of injury. I rightfully assume that those who are responsible for the conduct of the activity have taken reasonable precaution to minimize such risk to my child and that the other participants in the activity will not intentionally inflict injury upon him/her. I hereby assume all risks associated with participation in Cowlitz Black Bears Camp/Clinics and agree to hold harmless Cowlitz Black Bears, its Sports Camp/Clinics, its directors, officers, employees, agents, representatives, coaches, volunteers, and athletic trainers from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while participating in Cowlitz Black Bears Camp/Clinic.

Parent/Guardian Signature

Date