

2017 Blacksox Baseball Weekend Winter Youth Camp

Application Form and Medical Release

Space is **LIMITED- PRE REGISTER REQUIRED**

PLEASE PRINT:

Name _____				Home Phone _____		Grade _____	
Address _____		city _____	state _____	zip code _____	Date of Birth _____		
Parent/Guardian Name _____				Home Phone _____		Cell Phone _____	
Emergency Contact _____		relationship _____		Home Phone _____		Cell Phone _____	
Email Address _____				t-shirt size _____			

CIRCLE WHICH CAMP YOU WILL BE ATTENDING: FEBURARY 18-19 MARCH 18-19

Will need to bring sleeping bag and overnight bag, bat and glove, catchers welcome to bring gear

Check-in Saturday Morning of camp at the Cornelius Center, 510 W 1st Burkburnett TX 76354 between 8:30-9am

Camp will begin at 9:00 AM, pickup Sunday 10:30-11

All campers must have their own medical insurance. Burkburnett Blacksox, Inc does not provide insurance for the campers. Campers will not be allowed to play unless the information below is submitted and the form is signed by the guardian of the camper. I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of the camp, appropriate medical attention for the above noted camper in the event of accident, injury, illness. I will be responsible for any and all cost of medical attention and treatment. I, the undersigned, hereby acknowledge and understand that Burkburnett Blacksox, Inc is a privately run sports camp, and is not operated by the Burkburnett ISD. The camp is neither sponsored, controlled, nor supervised by the above school district, but rather the control and supervision of Blacksox principals Mickey Cornelius, and as well as the reminder of the camp staff. I the undersigned, for myself, heirs, executors, and administrators, waive release, and forever discharge the staff, officers, agents, employees, representatives, successors, and assigns of the Burkburnett Blacksox, Inc. and the Burkburnett ISD from all liability, claims, demands, actions, and cause of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may sustained or occur during the player's participation in Camp activities, or while at the camp.

INSURANCE COMPANY: _____ POLICY# _____

PLEASE PROVIDE ANY MEDICAL INFORMATION AND/OR ALLERGIES THAT MAY BE
HELPFUL TO THE STAFF: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please Mail Check or Money Order Payable to:
Blacksox Baseball, P O Box 606, Burkburnett TX 76354
Fax: 940-569-1846

We do take MasterCard/visa/discover/America express with a 4% surcharge added to total
Card Name: _____ Card # _____ Exp Date: _____
Code on card: _____

*******PAYMENT IS EXPECTED AT THE TIME OF APPLICATION*******

Spot not guarantee without payment! \$125.00 each camp *** (15% discount for both camps / \$15 off for brothers/ Group 4 or more 10% discount.) Includes all food, t-shirts, & awards.**

Website: burkburnettblacksox.com

Question? Contact Diane (940)-569-3498 cell: 940-882-5437 email: j76354@sbcglobal.net