

Hamilton Rangers 3rd Annual Fall Softball Camp



GRADES: K-6

DATES: Monday September 14th- Wednesday September 16th

TIMES: 5:30-7pm

LOCATION: Hamilton Township High School Softball Field.

COST: \$30.00 (includes a t-shirt)

Our Ranger Softball Camp will give your daughter a chance to work with your High School and Middle School Coaching Staff. It will also give your campers a chance to work with returning high school players and watch them demonstrate specific skills. This camp will feature fundamentals, competitions, and drills used at all levels in our softball program.

Registration and money deadline:

Friday September 4th.

Late registration will be taken however t-shirt size cannot be guaranteed.

(Due to space limitation and the safety of our campers, only those participating in camp will be allowed on the field or in the dugout. If there is weather issues, only campers will be permitted inside the athletic barn areas.)

Registration and money can be dropped off or mailed to:

Hamilton Intermediate School
Coach Tollison / Softball Coach
765 Rathmell Road
Columbus, Ohio 43207

Questions about Camp? Contact Coach Tollison

slong@hamilton-local.k12.oh.us

Please Follow Coach Tollison on Twitter @CoachTollison

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Return this portion with the camp fee by Friday September 5th (You may register after September 5th, but shirt size is not guaranteed.)

Student Name _____ **Grade** _____

Student Full Address _____

Phone Number _____

Parent Email Address _____

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

Emergency Contact & Phone Number _____

PERMISSION/MEDICAL RELEASE: The above student has my permission to attend the Ranger Softball Camp. I hereby agree that the camper above has been examined and found to be in good physical health. I have no knowledge of any physical impairment that would affect or be affected by this child participating in the camp. In addition, I agree that the camper is physically fit and able to take part in vigorous activity and should any illness or injury occur, I give consent to allow medical treatment for the participant. I am aware that injuries may occur during the camp and I waive, release, and forever discharge Hamilton Local Schools, the Board of Education, the employees, and the camp authorities from any and all injuries. In addition, I understand that the camp authorities are not responsible for any accidents, medical or dental, incurred during the course of instruction given by staff, and said staff is to be held blameless. I also understand that cooperation and behavior are important and should the participant behave in any way deemed inappropriate, the camp coordinator may expel her from the camp and the fee will not be refunded. Once a fee is paid, there will be no refunds.

SIGNATURE _____ (Parent or Guardian)