

**GIRLS SOFTBALL CAMP
SPONSORED BY:
NEWNAN
LADY COUGARS**



April 2nd/3rd, 2018 9:00 a.m. – 12:00 noon

Ages 5-14 \$45
Free T-shirt if preregistered

***MVP Camper Awarded
*Slip n Slide on Tuesday
(weather permitting)**

Name of Camper _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

T-shirt size (please circle): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Parent or Guardian: _____ Phone #: _____

Email: _____

Emergency Contact: _____ Cell Phone _____

Camp is located at Newnan High School
190 LaGrange Street, Newnan, GA

For More Information
Leesa Bates
cougarmom18@yahoo.com

Mail form to:
NHS Softball Dugout Club:
Attn: Carrie Gilmore
190 LaGrange Street
Newnan, GA 30263
Checks payable to:
NHS Softball Dugout Club

****NHS Baseball Team will also have a baseball camp at the same time on the baseball field.
For more information, email Marc Gilmore at marc.gilmore@cowetaschools.net****

Parental Waiver and Insurance Information

Name of Camper: _____ Date: _____

I/We give _____ permission to participate in the Newnan Girls Fastpitch Softball Camp. I/We realize that such activities involve the potential for injury. I/We will not hold Newnan High School liable for any injuries that might occur during the course of the camp. I/We hereby acknowledge that I/we have read and understanding this warning and verify that _____ is covered by a current accident and/or health insurance policy.

Permission for Medical Treatment

I/We grant Newnan High School personnel my/our permission to act on my/our behalf in securing medical attention for _____ in the case of any medical emergency while participating in the camp. The local emergency facilities have my/our permission to treat _____ for any illness/injury that occurs while participating in the camp. I/We also understand that I/we are totally responsible for any costs incurred for medical treatment.

I/We further verify that _____ is covered under the following insurance policy:

Insurance Company: _____

Policy Number: _____

Name Insured: _____

Persons Covered: _____

Policy expiration date: _____

Parent's Signature: _____