

Dublin High School Baseball Summer Camp 2023

Please PRINT Clearly all Information

Player Name: _____

Parent Name: _____

Parent Email: _____

Parent Phone number: _____ Player Phone Number: _____

Please circle: Youth S M L XL Adult S M L XL XXL Shirt Size: _____

Our Camp will be June 12th through June 16th, 2023.

Time daily 9am-12pm

Location will be held at the DHS Varsity Baseball field.

The cost for Baseball Camp is \$125 per player/\$200 siblings.

Please make checks payable to DHS Baseball

- Please have your player wear their baseball practice clothes (including a hat) and cleats.
- Bring their mitt, bat, helmet and if they are a catcher and have equipment (please bring).
- Please bring your own water & snacks (Water & snack breaks will be provided throughout the day)

Emergency Information

In the event of illness or injury, notify the following person(s) if the parent cannot be reached:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Medical Carrier/Policy Number Address Phone

My child, _____, has my permission to participate in the Dublin Irish Baseball Camp. I release Dublin Unified School District, Dublin Irish Baseball Camp, camp instructors and assistants from any liability arising from my child's participation in the said program. I understand, acknowledge, and agree that the District, its employees, officers, agents, camp instructors, or volunteers shall not be liable for any injury or illness suffered by my daughter/son which is incident to and/or associated with preparing for/or participating in said program. I understand that I hold Dublin Unified School District, Dublin Irish Baseball Camp, camp instructors, its officers, agents and employees harmless from any and all liability or claims, which may arise as a result from my or my child's participation in said programs. I understand the Dublin Unified School District and Dublin Irish Baseball Camp does not provide health and medical insurance for the participants. Consent is given to the instructors and/or coordinators to seek aid if required in the case of an emergency. I/we have read and given our consent to authorize Emergency Medical Care for my child.

Parent/Guardian Signature & Date

