CONCORDIA HIGH SCHOOL

GIRLS MIDDLE SCHOOL SOFTBALL CAMP

Who: Girls entering 5th – 9th grade

Where: Concordia High School

1500 Royston Ln, Austin, TX 78664

When: Thursday, June 21 – Saturday, June 23

Time: 9:00 a.m. – 12:00 noon

Cost: $75 per student

Registration Deadline: June 11, 2018

CAMP INFORMATION:

Water will be provided and campers will receive a Concordia High School Camp T-shirt. The camp directors will be the Girls Varsity Head Coaches and CHS varsity team members will provide assistance. Camp will focus on fundamental skills including: hitting, fielding, pitching and base running.

Please make checks payable to: **Concordia High School**

Mail registration form to:

Concordia High School

ATTN: Carla Knippa

1500 Royston Ln, Ste A

Round Rock, TX 78664

Info & Register Online:
WWW.CHSAUSTIN.ORG/SUMMERCAMPS

For information or questions contact Carla Knippa at (512) 248-2547 or carla.knippa@chsaustin.org

PARENT/GUARDIAN CONSENT FORM AND REGISTRATION

COST: $75 per student Registration Deadline: June 11, 2018

(*A $10 sibling discount is available for those with multiple family members)

Total Due: $_____

T-SHIRT SIZE (Youth Sizes): Small Medium Large X-Large

(Adult Sizes): Small Medium Large X-Large XX-Large

Student Name: _____ Incoming Grade: _____

Address: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Middle School Attending: _____

LIABILITY RELEASE: I, as the parent or guardian of _____ do hereby give permission for my child to participate in the Concordia High School Girls Softball Camp. I acknowledge that my child is physically able to participate in all camp activities. I hereby release and forever discharge Concordia HS, its employees, agents, and contractors in both their public and private capacities from any and all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise as a result of her participation in camp activities. I also give my permission for any emergency medical care to be given to my child that may be required as a result of any injury from participation in camp activities.

_____

Parent/Guardian Signature **Date**