



WESTWOOD HIGH SCHOOL

Baseball Camp



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| GRADE LEVEL: | K-6 |
| LOCATION: | Westwood High School Baseball Field |
| FOCUS: | Baseball Skill Development |
| SESSION DATES & TIMES: | Monday Evenings June 5 th , 12 th , 19 th , 26 th 6:00 PM |
| CONTACT: | JR Langston email: jrlangston@mpsaz.org |

Please bring this completed flier to the first night of camp.

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| Student Name: | Grade: _____ |
| Parent/Guardian: | School: _____ |
| Phone: (H) _____ (C) _____ | Student ID#: _____ |
| Email: _____ | |
| Emergency Contact Name: | |
| Phone: (H) _____ (C) _____ | |
| <p>I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my child.</p> <p>Parent Signature: _____</p> <p>I give permission to photograph my child during camp participation for publicity use and/or news release.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |
| <p>Does your child have health conditions/concerns of which staff should be aware? If so, please explain:</p> | |