



**CAMP DATES: JUNE 4<sup>TH</sup>-6<sup>TH</sup>, 2018**

**CAMP TIMES: 8AM - 10AM**

**ELIGIBLE CAMPERS: INCOMING 2<sup>ND</sup> – 9<sup>TH</sup> GRADERS FOR THE 2018-19 SCHOOL YEAR**

**CAMP LOCATION: MCCANLIES BASEBALL FIELD. EVERGLADE ST. ON THE PERMIAN CAMPUS**

**CAMP INSTRUCTORS: PERMIAN BASEBALL COACHING STAFF**

**CAMP COST: \$80 (INCLUDES CAMP CAP AND INSTRUCTION)**

**-WALK UPS ARE WELCOME BUT WITH NO GUARANTEE OF CAP**

**FILL OUT INFORMATION SECTION BELOW AND SEND INFO & CASH/MAKE CHECK OUT TO:**

**ODESSA PERMIAN BASEBALL CAMP**

**3828 HYDEN DRIVE**

**ODESSA, TX 79762**

**FOR MORE INFORMATION CONTACT:**

**HEAD BASEBALL COACH, TATE CRISWELL AT 806.316.3003**

**(SEND INFO BELOW WITH MONEY, KEEP THE TOP FOR PERSONAL REFERENCE)**

**CAMPER'S NAME:** \_\_\_\_\_

**NEXT YEAR'S GRADE:** \_\_\_\_\_ **NEXT YEAR'S SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RECOGNITION AND ASSUMPTION OF RISK AGREEMENT: TO BE SIGNED AND RETURNED WITH APPLICATION.** I (we) hereby release the Odessa Permian Baseball coaches and employees, ECISD, the Board of Directors, administration and employees, from all claims of injuries or illnesses which may be sustained by my (our) child, and authorize the director or designee to select hospital facilities and/or physicians of his choice, and authorize treatments of the named camper on an emergency basis in the event such treatment becomes necessary while attending the Odessa Permian Baseball Camp.

Name of Camper: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_