

H OYA BASEBALL

4500 Due West Road Kennesaw, GA 30152
www.harrisonbaseball.org
@Hoya_Baseball

678-594-8104 ext. 241 678-594-8106 fax
Mark Elkins, Head Coach mark.elkins@cobbk12.org

Hoya Baseball Summer Camps 2019

Monday thru Thursday from 9:00 am until 12:00 pm (NOON)

_____ **GROUP 1** **JUNE 3 - 6** rising 1st, 2nd, 3rd, 4th, 5th graders
9:00 am to 12:00 pm
cost: \$175.00

_____ **GROUP 2** **JUNE 3 - 6** rising 6th, 7th, 8th, 9th graders
9:00 am to 12:00 pm
cost: \$175.00

Name: _____ Age: _____

Grade Fall 2019: _____ Position: _____

Address: _____

Parents' Names: _____

Home Phone: _____ Cell or Work Phone: _____

Shirt Size: Youth S M L
Adult S M L XL

Make Checks payable to: HARRISON BASEBALL BOOSTER CLUB INC.

Mail Check and Application: Harrison High School
Mark Elkins
4500 Due West Road
Kennesaw Ga. 30152

***Due to ordering of camp T-shirts and staffing of coaches, NO MONEY REFUNDED AFTER MAY 27 - 2019.**

***Camp Checks will not be deposited until the week of Camp**

WARNING: ALTHOUGH PARTICIPATION IN SUPERVISED ATHLETICS AND ACTIVITIES MAY BE THE LEAST HAZARDOUS IN WHICH CAMPERS WILL ENGAGE, BY IT'S NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY FROM MINOR TO LONG TERM CATASTROPHIC. PARTICIPANTS CAN AND DO HAVE THE RESPONSIBILITY TO REDUCE THE CHANCE OF INJURY BY OBEYING ALL SAFETY RULES AND IMMEDIATELY REPORTING TO THE COACHES ANY PHYSICAL PROBLEMS.

BY SIGNING THIS PERMISSION FORM, YOU AS PARENT(S) OR LEGAL GUARDIAN(S) ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS WARNING.

I HAVE READ AND UNDERSTAND THIS WARNING AND HEREBY GIVE CONSENT FOR _____ TO PARTICIPATE IN BASEBALL CAMP. WE UNDERSTAND THAT WE WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY AND ALL BILLS RESULTING IN ANY TREATMENT RENDERED. WE FURTHER AGREE TO HOLD HARMLESS THE HARRISON BASEBALL CAMP STAFF FOR ANY OR ALL LIABILITY FOR INJURIES INCURRED WHILE PARTICIPATING IN CAMP ACTIVITIES.

PARENT SIGNATURE _____

