

# LET'S GO!

**2024 LADY OILER FUTURES CAMP**  
**INCOMING 6TH-9TH GRADERS**  
 August 6-8, 2024 6:30-8:30p

**PEARLAND LADY OILER SOFTBALL COMPLEX**  
**COST: \$100 (VENMO OR CHECK)**

CAMP DIRECTOR:	COACHES:	PLAYER COACHES:
MICHELE HYDEN, HEAD COACH	LORI ROMERO, VAR ASST HALEY JORDAN, JV1 KAITLIN OWENS, JV2	FORMER LADY OILERS

## READY TO WRECK SHOP?

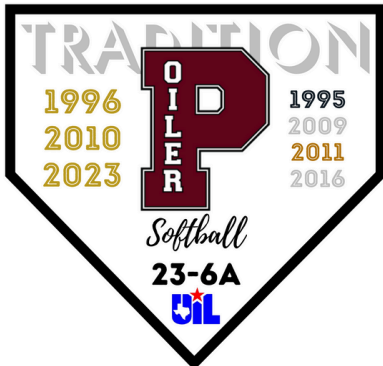
**IYKYK**

**WHAT TO BRING:**



Send in your Venmo payment to save your spot!!

Scan your application & e-mail to  
 romerol@pearlandisd.org or bring it August 6



Michele Hyden  
 @Michele-Hyden

**HAVE A**



**TEXT**

**Coch Hyden**  
 832.725.6936



**venmo**

## 2024 LADY OILER FUTURES CAMP

### INCOMING 6TH-9TH GRADERS

August 6-8, 2024 6:30-8:30p

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME + CELL \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SHIRT SIZE: YL YXL AS AM AL AXL A2XL

**Insurance Release Form** \*\*Applications will not be accepted without completion of this portion

I, the undersigned, as the parent or legal guardian of a minor child, \_\_\_\_\_ hereby acknowledge that the afore named child is covered by medical insurance as follows:

INSURER \_\_\_\_\_

COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

I, as parent or guardian, hereby give permission for my child to participate in the 2024 Lady Oiler Futures Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgement in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost incurred due to sickness or injury to my child. I hereby waive any claim I might have against the camp, director, or the institution(s) providing the facilities.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PAID Venmo

PAID Check # \_\_\_\_\_