

Rice Consolidated Softball & Baseball Camp

Turn in by Thursday, May 23rd to get a T-Shirt

Turn in at the front office of your school.

Camp Fee: \$20

Camper Name: _____

Checks Payable to:

Age: _____

Rice Consolidated Athletics

Softball: _____ Baseball: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Name: _____ Cell: _____

Email: _____

June 3 - 6

9:00 am to 11:00 am

Check in: 8:30am - 9:00am

T-Shirt Size: _____

Waiver / Proof of Insurance

I, _____ hereby authorize the camp staff to act for me, according to their judgment, in any emergency requiring medical attention and hereby waive and release Texas Triumph and Rice Consolidated Independent School District from any and all liability for any injuries or illnesses incurred while attending camp. I have no knowledge of any medical problems or physical impairments that would affect _____ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury. I acknowledge that I have read and understand the waiver policies.

Signature: _____ Date: _____

Relationship: _____

Please make sure your child brings their own softball equipment and a bottle of water. (glove, bat, helmet, face mask, catching gear, etc.)

For more Information Contact: kmica@riceraiders.net or bdumont@riceraiders.net