West Florida High School Jaguar Baseball Clinic

Who: Age 8 to incoming 9th graders (limited to first 100 to register)

Where: WFHS Baseball Field
Dates: June 1 – 4, 2026
Times: 8:00 AM – 12:00 PM
Cost: $125.00

At the WFHS Baseball Clinic, coaches and instructors will teach all aspects of the game including hitting, fielding, pitching, base running, and more. Weight training, form running, and conditioning will be introduced. Current WFHS players will be assisting with instruction. Each participant will need to bring his/her glove, baseball shoes, gym shoes, and any other baseball equipment that he/she feels necessary (bats, catching gear, etc.). Because of the heat, participants are encouraged to dress accordingly. The concession stand will be open for purchase of drinks and snacks. Water is also provided. With payment of the registration fee, participants will receive a free t-shirt. Come join the fun while receiving professional instruction on the game of baseball.

*****For more information contact Joseph Green at JGreen7@ecsdfl.us*****

……

Registration Form

Name: _____T-Shirt Size: _____
Youth or Adult

Address:_____

Phone Number: _____ Going into Grade: _____

Parent Name: _____ Email:_____

Please make checks payable to WFHS Baseball Boosters and mail this form to:



WFHS Baseball Camp
Attn: Joseph Green
150 E. Burgess Rd.
Pensacola, FL 32503



Registration also available on-site opening day

******Flip Over******

******Flip Over******

******Flip Over******

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY, FL
STUDENT/PARTICIPANT ACTIVITY ON-CAMPUS
PARENTAL CONSENT & RELEASE

I/We, hereby grant permission for _____ to participate in:
(Enter Participant Name)

West Florida High Baseball Camp (**"The Event"**) on ***June 1 – 4, 2026 from 8am to 12pm***
(Enter Event Detail) (Enter Date and Times)

I understand by my acknowledgement and signature below, that by allowing my child/ward to participate in **The Event** referenced above, that I choose to accept any and all responsibility for his/her safety and welfare while participating in **The Event**. I know that my child(s)/ward(s) participation in **The Event** is a privilege. With full understanding and knowledge of the risks involved in **The Event** participation, and that I understand that serious injury, including even death, is possible in such participation, I choose to accept such risks.

Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I/We, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in **The Event**, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to me or my child/ward or our property resulting from such participation. I/We attest and affirm that I, or the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

I/We agree to take no legal action against The School Board of Escambia County because of any accident or mishap involving me or my child/ward's participation. I authorize emergency medical treatment for me or my child/ward should the need arise for such treatment while under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.

A copy of this permission form will accompany the activity sponsor.

_____ _____
Signature of Student/Participant Signature of Parent or Guardian

_____ _____
Date Date

NOTARY

Signed before me this _____ day of _____ 20___. _____ Identification
_____ Known by me

_____ ▲
Signature of Notary Notary Stamp