



**BETWEEN THE LINES
BASEBALL CAMP
COLLEGE PARK CAVALIERS
2010**

“Between the Lines” baseball camps are directed by College Park HS head baseball coach, Jason Washburn, and the Cavalier coaching staff. These camps are designed to improve the players’ fundamentals and quality of baseball play, as well as to enhance the enjoyment of the game.

<u>Session I:</u>	<u>Ages</u>	<u>Date</u>	<u>Time</u>	<u>Cost</u>
	Incoming Grades 1 – 5	June 14-17 (M-Th)	9:00-12:00	\$80.00
<u>Session II:</u>	<u>Ages</u>	<u>Date</u>	<u>Time</u>	<u>Cost</u>
	Incoming Grades 6 – 9	June 21-24 (M-Th)	9:00-12:00	\$80.00
<u>Session III:</u>	<u>Ages</u>	<u>Date</u>	<u>Time</u>	<u>Cost</u>
Pitchers/Catchers	Incoming Grades 5 – 9	June 25 (Friday)	9:00-1:00	\$40.00

Location: The camp will be at *The Diamonds at College Park* on the high school campus located at 3701 College Park Dr.

Equipment: It is recommended players bring their own bats and gloves. Limited supplies of bats and gloves will be available. **Cleats and tennis shoes** must be available in case of inclement weather. Players are also encouraged to bring personal water bottles, however, water will be provided in the dugouts.

Concessions: Concessions will be available and water will be provided in the dugouts.

Checks made payable to **Between the Lines Baseball Camp** and may be mailed to: 131 W. Drifting Shadows Cir., The Woodlands, TX 77385
 Questions addressed to Coach Washburn: (email) jwashburn@conroeisd.net (phone) 936-273-4649 (web) www.collegeparkbaseball.com

----- PLEASE COMPLETE AND DETACH THE INFORMATION BELOW -----

Name: _____ Age: _____ Grade ('10-'11): _____
Last First

Address: _____
Street City State Zip

Parent(s) Name: _____ Phone: _____

Email address: _____

Emergency contact: _____ Emergency phone: _____

Please circle session to attend below:

Please circle T-shirt size below:

Session I (June 14-17)	Session II (June 21-24)	Session III (June 25)	Youth:	S	M	L
		Pitchers/Catchers	Adult:	S	M	L
						XL

In order for your child to be able to participate in the 2010 camp/activities, it is necessary for you to sign this statement indicating your understanding that the CISD district does not carry insurance covering injuries your child may sustain.

By my signature, I am informing Conroe Independent School District that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to our child, we recognize that the CISD, its Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expense, or damage and will have no insurance covering our child. We have made the choice on behalf of our child without any interference from anyone serving or employed by the Conroe ISD in any capacity.

Dated this _____ day of _____, 2010. (At least one signature is required)

 Father's signature

 Mother's signature

 Guardian's signature