

# CENTRAL CHARGERS SOFTBALL



## Skills Camp 2017

**Who:** Campers entering 1<sup>st</sup> grade to entering 9<sup>th</sup> grade, as of fall 2017

**What:** Hitting, fielding, throwing, base running, and sliding

**When:** July 24-26, 9am-12pm

**Where:** Central High School Softball Complex  
9450 Ray White Road  
Keller, TX 76244

**Cost:** \$60 (includes T-SHIRT and meet & greet with members of the 2017 varsity team!)

**TO ENROLL:** 1.) Choose a Payment Option

- Mail a check to the address below with your registration form (checks payable to Central Softball)
- Bring Cash on the first day of camp
- Use PayPal (associated email address is [micah.mckinnon@kellerisd.net](mailto:micah.mckinnon@kellerisd.net))

2.) Complete this form (1 per child) and mail to the following address prior to July 17th:

Softball Camp/McKinnon  
9450 Ray White Road  
Keller, TX 76244

**Equipment to bring:**

- Bat
- Glove
- Helmet

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

School & Grade (as of fall 2017): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Another Contact Name/Number (optional): \_\_\_\_\_

Payment Method (Please Circle):      CASH                              CHECK                              PAYPAL

Camper's T-SHIRT SIZE (Please Circle):      YS      YM      YL      AS      AM      AL      XL      XXL

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper, I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors, and administrators, waive, release and forever discharge Keller Independent School District, the camp and its staff, officers, agents, employees, representatives, successors and assign of and form all rights and claims for damages, injury or loss to person or property which may be sustained and assign of and form all rights and claims for damages, injury or loss to person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

Camper's Name: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**\*If registration is not mailed before July 17<sup>th</sup>, please SCAN and EMAIL your camper's form to [micah.mckinnon@kellerisd.net](mailto:micah.mckinnon@kellerisd.net) to confirm your attendance. Bring the form with you to the first day of camp.\***

Please contact Head Coach  
Micah McKinnon for questions!

