



**MISD 5A SOFTBALL CAMP**

**When: June 5<sup>th</sup>-7<sup>h</sup> from 9:00AM- 12PM**

**Where: Legacy High School Softball Complex**

**For: Athletes entering 5<sup>th</sup>-9<sup>th</sup> Grade**

**Camp Fee: \$55.00**

**CAMPER'S NEED TO BRING:** Water Bottle, Cleats, T-shirt, Athletic Shorts, Glove, Bat (if have one), \$ for Concessions

**ONLINE REGISTRATION:** <https://goo.gl/oVTB5w>

**CAMP STAFF:** Mansfield ISD Coaches (Legacy, Summit, and Timberview) and Former Players

**CONTACT:** Please email [amieprater@misdmail.org](mailto:amieprater@misdmail.org) with any questions regarding camp.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NEXT YEAR'S GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ (Adult)

NEXT YEAR'S SCHOOL: \_\_\_\_\_

WHAT ARE YOUR TWO MAIN POSITIONS: \_\_\_\_\_

**WAIVER CLAIM**

**I as a parent or guardian, hereby give permission for my child to participate in the MISD Softball Camp and acknowledge the fact that she is physically able to participate in camp activities. I hereby authorize the directors of the MISD Softball Camp to act for me in any emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my daughter. I hereby waive any claim that I might have against the MISD softball Camp and the institution providing the facilities.**

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**

**Amie Prater**

**MAIL CHECK & APPLICATION TO:**

**Legacy High School**

1263 N. Main St.

Mansfield, TX 76063