### To be filled out by Parent or Guardian:

Name of Camper:				
D.O.B				
Parent/Guardian name:				
Telephone:				
Home address:				
Emergency Contact:				
1.				
2				
Health History (check, give approx. date)				
Allergies:				
Hay Fever:	Poiso	on lvy:		
Insect Stings:	Asthr	ma:		
Penicillin:	Oth	er Drugs:		
Previous head injury:				
Date of last DT Booster:				
Operations or serious Injuries:				
Chronic or recurring Illness:				
Other diseases or details of the above:				
Family Physician:				
Telephone:				
Any specific activities to be encouraged restricted?				

**IMPORTANT:** Please Notify the camp of this camper is exposed to any communicable disease during the three weeks prior to the camp attendance.

### PARENT/GUARDIAN AUTHORIZATION

This health history is correct to our knowledge. The person herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child and in any event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection and/or surgery for my child as named above

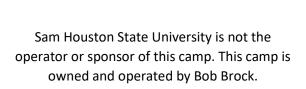
Parent/Guardian Signature

Date

# Bob Brock Softball Academy Summer Elite Camps 2018

### Contact:

Bob Brock (936) 443-7564
Return application forms to:
Bob Brock Softball Elite Camp
82 Tubac, Conroe, TX 77304 or
Register at bobbrocksoftballcamps.com





Ages 13 -18
Available Dates:

June 12<sup>th</sup>
July 10<sup>th</sup>
August 14th

# **Camp Registration Information:**

# Max of 48 athletes, 25 athletes to make

Camp: Ages 13-18 years old

Dates: June 12th, July 10th, or August 14th

### **Bearkat Softball Stadium**

620 Bowers Blvd. Huntsville, TX 77341

## Camp Schedule:

Saturday: 8:00 a.m. Registration

9:00 – 12:00 Morning Session 12:00 p.m. Lunch (Bring own) 1:00 – 4:00 Afternoon Session

4:00 p.m. Pick up

Cost: \$125.00 per camper
\*Call for group rate (6 or more)

### Camp features:

Individual position and hitting instruction Special position instruction Live game simulations Game scrimmages

### Other notes:

\*\*\*Bring a copy of recent physical
If inclement weather: Indoor Facility

### Camp given by:

### **Bob Brock**









**Katy Adair** 

### **Enrollment Form:**

Name of Compari				
Name of Camper:				
Parent/Guardian:				
Telephone (home):				
(Cell):				
E-mail:				
Mailing Address:				
City:				
State: Zip:				
Grade as of 2018 fall:				
Age as of December 2017:				
Graduation Year:				
T-Shirt size:				
Positions you play:				
Summer Team:				
Coach:				
Telephone:				
High School Coach:				
Telephone:				
Have you attended a SHSU camp before?	Y/N			
Parent/Guardian Signature:				

# Method of Payment?

Credit Card: bobbrocksoftballcamps.com for credit card payments (a small processing fee will be applied to credit card payments)

Check: \_\_\_\_\_ Money Order: \_\_\_\_\_

### **Medical Examination:**

All campers must have medical-physical form on file with us to participate. A completed copy of the past year's high school or junior high physical form is acceptable. The examination should be performed prior to arrival at camp. This examination is for determining fitness to engage in strenuous activities.

### To be filled out by Physician:

**CODE:** V - satisfactory; X – Unsatisfactory (explain); O – Not examined

Height:	Weight:	BP:		
Eyes:	Glasses:			
	Nose:			
Throat:	Heart:			
Lungs:	Genitalia:			
Abdomen:	Herr	nia:		
Extremities:				
Posture:				
Allergies (specify):				
Menstrual (females only):				
General appraisal:				
Recommendations & restrictions while in camp?				
Special diet:				
Current medications (parent sending?)				
Swim/Diving:	(	Other:		

I have examined the person herein described and have reviewed their health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

Physician Signature:	<u>Date:</u>