

To be filled out by Parent or Guardian:

Name of Camper: _____

D.O.B. _____ Sex: _____ Age: _____

Parent/Guardian name: _____

Telephone: _____

Home address: _____

Emergency Contact:

1. _____

2. _____

Health History (check, give approx. date)

Allergies: _____

Hay Fever: _____ Poison Ivy: _____

Insect Stings: _____ Asthma: _____

Penicillin: _____ Other 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

Contact:

Bob Brock (936) 443-7564

Return application forms to:

Bob Brock Summer Youth Camp

82 Tubac, Conroe, TX 77304 or

Register at bobbrocksoftballcamps.com

Bob Brock Softball Academy Summer Half Day YOUTH Camp 2018



Camp Date

**Tuesday, August 7th and
Wednesday, August 8th
8:00 am – 12:00 pm**

Ages 7 – 12 years old

Sam Houston State University is not the operator or sponsor of this camp. This camp is owned and operated by Bob Brock.

Camp Registration Information:

Camp: Age – 7 – 12 years old

Online Registration cut- off date – August 6th, 2018

(Minimum of 20 campers to host camp)

Camp date: August 7th and 8th, 2018

Bearkat Softball Stadium

620 Bowers Blvd.
Huntsville, TX 77341

Camp Schedule:

Tuesday &	8:00 a.m.	Registration/drop off
Wednesday	8:30 – 12:00	Morning Session
	12:00 pm	Pick up

Cost: \$125.00 per camper (NON – Refundable)

Fee includes both days, no one day registrations available.

***Call for group rate (6 or more)**

Camp features:

Individual position and hitting instruction
Special position instruction

Other notes:

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

Camp given by:

Bob Brock



Garrett Valis



Katy Adair

Enrollment Form:

Name of Camper: _____

Parent/Guardian: _____

Telephone (home): _____

(Cell): _____

E-mail: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Grade as of fall 2018: _____

Age as of December 2017: _____

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: _____

Ears: _____ Nose: _____

Throat: _____ Heart: _____

Lungs: _____ Genitalia: _____

Abdomen: _____ Hernia: _____

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: _____

Date: _____