

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

Name of Participant: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Emergency Contact:  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**Health History** (check all that apply)

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 details or details of the above: \_\_\_\_\_  
Family Physician: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Any Specific activities to be encouraged restricted?  
\_\_\_\_\_

**IMPORTANT:** Please notify the clinic if this participant 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 clinic 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

**Clinic Given By**



Garrett Valis

**Contact:**

Garrett Valis  
(830) 857-0830  
Garrett.valis@yahoo.com

**Register at**

[garrettvalissoftballcamps.com](http://garrettvalissoftballcamps.com)

***You MUST register online (no walk ups)***

***Camp is capped at 40 Hitters***

***Pay online with a credit card when you register ONLINE***

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

**Garrett Valis  
Softball Camps  
Elite Hitters Camp  
Summer 2019**



**SOFTBALL**

**Date**

**June 18<sup>th</sup>**

**Ages 13-18 years old**

**9:00 am – 1:00 pm**

## Clinic Registration Information

Everyone **MUST** register online at  
[garrettvalissoftballcamps.com](http://garrettvalissoftballcamps.com)

Ages 13-18 years old/ bring physical at  
check in

## **BearKat Softball Facility**

620 Bowers Blvd.  
Huntsville, TX 77341

## Select Clinic Date and Time

**Registration 8:30 – 9:00 am**  
**Hitting session: 9:00 am – 1:00 pm.**

## Cost Per Clinic

\$80.00 per Hitter per clinic. You can sign up  
for as many dates as you would like.

## Camp Details

Hitting drills and instruction  
Video work and analysis  
Live at bats  
Situational offense

## Equipment and notes

- Bring copy of physical or filled out  
camp form
- Bring, water, bat, helmet, and tennis  
shoes
- You must have tennis shoes to hit  
inside the cages, NO METAL  
CLEATS!

## Enrollment form:

Participant Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

(Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade as of Fall 2019 \_\_\_\_\_

Age as of January 2019 \_\_\_\_\_

Graduation Year \_\_\_\_\_

Positions you play: \_\_\_\_\_

Summer Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach Contact Phone: \_\_\_\_\_

High School Coach: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_

## **Method of Payment?**

**Credit card:** garrettvalissoftballcamps.com  
for credit card payments (a small processing  
fee will be applied to credit card payment)

## Medical Examination:

All Participants 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 the arrival at camp.

## 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 and restrictions at Clinic?  
\_\_\_\_\_

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 participant is physically able to  
engage in camp activities, except as noted  
above.

**Physician Signature:**

**Date:**

\_\_\_\_\_