

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:

Garrett Valis (830) 857-0830

Return application forms to:

Garrett Valis softball Elite Camp

114 Green Haven Dr. Huntsville, TX 77320 or

Register at garrettvalissoftballcamps.com

Garrett Valis Softball Camps TEAM Scrimmage Camp



**Fall – 2019
September 14th
October 5th**

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

Camp Registration Information:

Team Limit: 3 teams of up to 15 athletes/ camp date

For Graduation Classes: 2020, 2021, 2022, and 2023

Bearkat Softball Stadium

620 Bowers Blvd.
Huntsville, TX 77341

Camp Schedule:

- 7:45 a.m. Registration/Team check in
- 8:00 a.m. Warm up/and camp instruction
- 11:00 a.m. Scrimmage game # 1
- 12:30 a.m. Scrimmage game # 2
- 2:00 p.m. Scrimmage game # 3
- 3:30 p.m. Ten-minute offense Competition
- 4:00 p.m. Question and Answer period
- 4:15 p.m. Team Camp Dismissal

Cost: \$900.00/team (up to 15 athletes) (\$60.00/Athlete)

Camp features:

Individual Instruction: Hitting, defense, & Base running
Team Instruction: Scrimmage scenarios,

Other notes:

*****Bring a copy of a recent physical & complete camp for each athlete**

Camp given by:



Garrett Valis



Tori Rivera

Enrollment Form:

Name of Camper: _____
 Parent/Guardian: _____
 Telephone (home): _____
 (Cell): _____
 E-mail: _____
 Mailing Address: _____

City: _____
 State: _____ Zip: _____
 Grade as of fall 2019: _____
 Graduation Year: _____
 Age as of December 2019: _____
 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?

Check Payments – Contact Garrett Valis at gvalis@shsu.edu to register your team manually, Check due at registration check in.

Credit Card: garrettvalissoftballcamps.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:** _____