

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

You MUST register online (no walk ups)

Each clinic must have 6 campers to make and will be capped at 20 campers per clinic

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
Hitting clinics
2019**



SOFTBALL

Dates

September 16th

October 14th

November 4th

Clinic Registration Information

Everyone **MUST** register online at
garrettvalissoftballcamps.com

Session start time: (7:00 PM): Ages 13-18

BearKat Softball Facility

620 Bowers Blvd.
Huntsville, TX 77341

Parking: Available in lower lot below the softball field off of BearKat Blvd. Walk up stairs to the hitting facility just past the softball field entrance

Select Clinic Date and Time

Clinic Time: 7:00 p.m. – 8:45 p.m.

Check the box that you would like to sign up for.

Date	Ages 13-18
9/16/19	<input type="checkbox"/>
10/14/19	<input type="checkbox"/>
11/4/19	<input type="checkbox"/>

Cost Per Clinic

\$50.00 per Hitter per clinic. You can sign up for as many dates as you would like.

Method of Payment?

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

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 September 2019 _____

Position you play: _____

Summer Team: _____

Coach: _____

Coach Contact Phone: _____

High School Coach: _____

Telephone: _____

Parent/Guardian Signature:

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:
