

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 Tori Rivera Tess Soefje

Contact:

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

Register at

garrettvalissoftballcamps.com

You MUST register online (no walk ups)

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 Position Camps
2020**



SOFTBALL

Date: June 23rd

Ages 13 – 18/JUCO athletes

Outfield/Infield defense

9:00 am – 11:00 am

Hitting/Slapping

12:00 pm – 2:00 pm

Pitching/Catching

2:00 pm – 4:00 pm

Clinic Registration Information

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

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

BearKat Softball Facility

620 Bowers Blvd.
Huntsville, TX 77341

Select Clinic Date and Time

Registration 30 min before session

Infield/Outfield session: 9:00 - 11:00 am
Hitting/Slapping session: 12:00 -2:00 pm
Pitcher/Catcher session: 2:00 – 4:00 pm

Cost Per Session

\$50.00 per Session. You can sign up for
one session or all three. If you sign up for all
three the cost is reduced to \$125.00 for all
three sessions.

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 2020 _____

Age _____

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:
