

**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 Mary Stephens

**Contact:**

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

**Register at**

[www.garrettvalissoftballcamps.com](http://www.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  
Spring Hitting clinics  
2020**



**SOFTBALL**

**Dates**

February 23<sup>rd</sup>

March 22<sup>nd</sup>

April 26<sup>th</sup>

## Clinic Registration Information

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

Session start time: (5:00 PM): Ages 12-18

## **Bearkat Softball/Hitting Facility**

620 Bowers Blvd.  
Huntsville, TX 77341

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

## Select Clinic Date and Time

**Clinic Time: 5:00 p.m. – 7:00 p.m.**

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

Date	Ages 12-18
2/23/20	
3/22/20	
4/26/20	

## 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](http://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 Spring 2020 \_\_\_\_\_

Age as of January 2020 \_\_\_\_\_

Grad Year: \_\_\_\_\_

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

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

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

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

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

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

**Parent/Guardian Signature:**

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## 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:**

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