



COUGAR

BASEBALL - SOFTBALL

CAMP REGISTRATION



AUGUST 2 - 4 2021

Participant's Name: _____ Grade: _____ Age: _____

Address: _____ School: _____

City: _____ State: _____ Zip Code: _____

Name of Parent/Gaurdian: _____

Phone # / Cell #: _____ Payment : Cash / Check _____

Emergency Contact: _____ Phone #: _____

Shirt Size Circle ONE:

Youth S M LG XL

Adult S M LG XL XXL XXXL

I hereby approve my child's participation in the Western Hills High School Baseball/Softball Camp (August 2, 3 & 4 2021). I certify that my child is in good health and able to participate without any limitations. In the event that a medical emergency occurs and I am not on the premises or can not be contacted, I give my permission to secure medical attention. Also, I do hereby release FWISD, Western Hills High School, its coaches, and camp instructors of all liabilities due to an illness or injury.

Parent/Gaurdian Signature: _____ Date : _____