

EAGLE SOFTBALL CAMP APPLICATION



Please fill out, detach and mail the total amount to Collins Hill High School, ATT: George Pringle, 50 Taylor Rd, Suwanee, GA 30024. Phone # – (770) 682-4132 Fax # (770) 682-4105

Name _____

Home Address _____

Home # _____ Birth date ____/____/____ Age _____

Grade next year _____ School _____

Names of Parents or Guardians _____

Work # _____ Emergency Contact _____

Emergency # _____

I will attend _____ The Fundamentals (Grades K-9, June 22-25, 8:30 am -12:30 pm) Cost \$ 89.00

I found out about camp from _____

Medical Concerns (i.e. Asthma, Allergies, Previous injuries or Medications): _____

Parent's Release Statement

In accordance with the rules of the Collins Hill Softball Camp, I hereby give my consent for the camper listed below to participate in the activities of this camp, to include the specific sport activities and recreational activities conducted at the camp. The undersigned camper and parent/guardian understand that the camper will engage in physical activity during the program, which contains an inherent risk, indemnities, and releases Collins Hill Softball Camp, its Officers, Directors, Agents, and Employees from any and all liability for personal injury arising out of the camper's participation in the Camp program. If at any time it is necessary for the camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure the services and arrange transportation if deemed necessary.

Parent or Guardian

Parent or Guardian SIGNATURE

Applicant

Applicant SIGNATURE

Insurance Company

Policy #

Please fill out, detach and mail the total amount to

COLLINS HILL HIGH SCHOOL

ATT: GEORGE PRINGLE

50 TAYLOR ROAD

SUWANEE, GA 30024

OR CALL (770) 682-4132

OR FAX (770) 682-4105

OR EMAIL CONTACT – george_pringle@gwinnett.k12.ga.us or Billy_Dooley@gwinnett.k12.ga.us

2009 Collins Hill



Softball Camp

Where else would you rather be?

