

2017



**MUSTANG  
SOFTBALL  
CAMP**

**Grades: Incoming 4th- 9th  
June 7th and 8th  
6:00pm -8:00pm**

**Campers Need to Provide**

- Cleats and Tennis Shoes
- Water Bottles (optional)
- Glove
- Good Attitude

**All Campers Receive**

- Softball Fundamentals
- Fielding Instruction
- Hitting Instruction

**Location of Camp**

NSSH Softball Field  
353 N. Castlegory  
Houston, TX 77049

Return This Portion for Registration

EMERGENCY INFORMATION

Full Name: \_\_\_\_\_ 2016 Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_ List All Medications: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Ins. Co.: \_\_\_\_\_ Ins. Co. Phone: \_\_\_\_\_ Group #: \_\_\_\_\_ Pol. #: \_\_\_\_\_

Parent's or Guardian Signature

Date

## Camp Registration

FEE: FREE

(1<sup>st</sup> 50 students only)

**Email Coach Parrott  
to register**

[mparrott@galenaparkisd.com](mailto:mparrott@galenaparkisd.com)

**Must register by  
May 29<sup>th</sup> at 5:00 pm**

## Camp Hours

6:00 – 8:00



## Camp Features

- Individual Drills
- Team Drills
- Defensive Skills
- Offensive Skills

## Camp Instructors

- Jessica Shimek –  
North Shore Head  
Coach
- Michael Parrott –  
North Shore Assistant  
Coach
- Ray Bishop- North  
Shore Assistant  
Coach
- Former North Shore  
Athletes

I, the undersigned parent/legal guardian of

authorize said child's participation in the GPISD softball camp. It is my understanding that participation in the activities that make up the GPISD camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the GPISD softball camp, I hereby release, waive, discharge and covenant not to sue the camp, coaches, athletic department, the Galena Park Independent School District or any of its representatives from any and all liability, claims, demands for possible injury that may be sustained and suffered by my child with their association with or entry into this camp.

If, in the judgment of any representative of the school, the above student, needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians and student personnel to share information concerning medical diagnosis and treatment for your child.

By signing below I also understand that the school insurance does not cover participation in activities that are held in the summer. Galena Park Independent School District and any of its representatives will not be responsible for the handling or payment of medical bills that arise from participation in the GISD softball camp.

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Parent/Guardian Signature

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Date