

**FLOWER MOUND JAGUAR BASEBALL CAMP**  
**The Weeks of: 5-12 year olds June 11 – 15, 2012**  
**13-14 year olds June 18-22, 2012**  
**REGISTRATION FORM**

Campers Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
School Attending Next Year \_\_\_\_\_

Session 1: Ages 5 to 8 8:00 AM to 11:00 AM \_\_\_\_\_

Session 2: Ages 9 to 12 12:00 PM to 3:00 PM \_\_\_\_\_ **(CHECK ONE)**

Session 3: Ages 13 and 14 8:00AM to 11:00 AM \_\_\_\_\_

**All Sessions will be Monday through Friday. Sessions 1 and 2 are the week of June 11th-June 15<sup>th</sup>. Session 3 is the week of June 18th-22nd. **EQUIPMENT NEEDED: GLOVE, HELMET, BAT, CLEATS, HAT.****

<u>T-Shirt Size</u>	<u>Youth</u>				<u>Adult</u>			
<b>(CIRCLE ONE)</b>	S	M	L	XL	S	M	L	XL

**Mail Check and Registration Form to:**

**\$ 65.00**

**Flower Mound Jaguar Baseball Camp  
Flower Mound High School  
3411 Peters Colony  
Flower Mound, Texas 75028**

**MEDICAL TREATMENT-CONSENT AND RELEASE AUTHORIZATION**

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the JAGUAR BASEBALL CAMP, MARTE AMRINE AND HIS STAFF, LEWISVILLE INDEPENDENT SCHOOL DISTRICT AND FLOWER MOUND HIGH SCHOOL from all rights and claims for damages, injuries, or loss of person or property which may be sustained during participation in CAMP ACTIVITIES or while at THE CAMP.

I/We also give permission for my child to be given emergency treatment as necessary.

\_\_\_\_\_  
Parent's Name (**Print**)

\_\_\_\_\_  
Parent's Signature