

Camp Bats and Balls Saturday, October 2, 2021 Sponsored by the Junior Auxiliary of Oxford

<u>Who</u>: 3rd and 4th graders who attend a city, county, private, or home school in Lafayette County.

What: A free baseball clinic taught by the Ole Miss Rebel Baseball team, led by Head Coach, Mike Bianco. Lots of FUN!!

When: Saturday, October 2, 2021 from 9:00 AM – 11:30 AM

Where: Indoor Practice Facility (IPF), University of Mississippi campus

Please return the completed, attached sheets to your teacher by Monday, September 13, 2021. The form must be fully completed to participate. There are a limited number of spaces available.

NO APPLICATIONS WILL BE ACCEPTED AFTER SEPTEMBER 13!

Bring a baseball glove (if you have one). Wear comfortable clothing – tennis shoes and socks. Each player will receive a t-shirt! A face mask will also be required.

Meet at the IPF at 8:45 AM for check-in registration. For pick up, parents MUST sign out campers by 11:30 AM. Grab and go lunch will be provided for all campers at the end of camp.

Camp Bats and Balls General Information Sheet

Camper's Name:
Parent/Guardian's Name:
Street Address:
City, State, and Zip:
Cell Phone Number:
Email:
Camper's School:
Camper's Grade:
Camper's Homeroom Teacher:
Parent/Guardian's Signature:

T-shirt size: Circle One

Youth: S M L XL

Or

Adult: S M L XL

Please complete the reverse side.

All information is needed in order to be able to participate!

Camp Bats and Balls

Parental/Guardian Consent, Waiver, and Medical Information

The undersigned person is the parent or guardian of the child named below who will be attending Camp Bats and Balls, a youth program sponsored by the Junior Auxiliary of Oxford on Saturday, October 2, 2021.

On behalf of my child and my child's family, I hereby acknowledge that we are aware that there is a potential risk of injury to my child as a result of my child's participation in the activities available at Camp Bats and Balls. In consideration for the right of my child to participate in Camp Bats and Balls, my child and my child's family are willing to assume all risks related to my child's participation in Camp Bats and Balls, and furthermore, hereby waive all potential claims or legal rights against the Junior Auxiliary, its officers, directors, members, agents. I release the University of Mississippi and all its employees from all claims on account of any injuries which may be sustained while attending the camp, and I agree to indemnify the University of Mississippi and its employees from any claims which may hereafter be presented as a result of any such injuries.

In case of an	emergency and	the parent/guardian car	anot be reached, please provide two	other contacts:
1. Name:	Phone:			
2. Name:	Phone:			
Please circle	yes or no if cl	hild has any of the med	lical problems listed below:	
YES	NO	Head, eye, ear, 1	nose, or throat problem?	
YES	NO	Seizures?		
YES	NO	Nervous system or psychiatric disorders?		
YES	NO	Respiratory or breathing problems?		
YES	NO	Heart problems?		
YES	NO	Bleeding problems? Sickle Cell disease?		
YES	NO	Diabetes or blood sugar abnormalities?		
YES	NO	Muscle, joint, or	bone problems?	
Any other m	edical condition	ons not listed above an	d any known allergies:	
		tement either yes or no ny child emergency med	: ical attention if needed.	
Yes	1	No		
		xford full rights and per iary of Oxford sees fit.	mission to photograph my child and	l to use those
PRINT PAR	ENT/GUARD	IAN NAME	SIGNATURE	DATE