

WINTERS BLIZZARDS SUMMER

SPORTS CAMPS 2019

Summer is here again, and the Blizzard Coaching Staff will be hosting 5 different camps this summer for kids ages 6-14! Each camp will be \$25 per camper. These camps are designed to be FUN with a memorable learning experience for our young developing stars of tomorrow. Anyone who has completed his/her freshman year of high school is not eligible to attend. Call Coach McCarty if you have any questions 512-517-8288

Football (High School Track Field)

Date: July 29th-July 30th

Time: 8AM-10:30AM

Girls Basketball (HS Gym)

Date: June 3rd-5th

Time: 9AM-12PM

Boys Basketball (HS GYM)

Date: June 3rd-5th

Time: 9AM-12PM

Baseball (WISD Baseball Field)

Date: June 17th-19th

Time: 9AM -11:30AM

Softball (WISD Softball Field)

Date: June 17th-19th

Time: 9AM -11:30AM



Registration Form

Please mail form and check to:

[Winters ISD](#)

ATTN. Coach McCarty

603 N Heights St

Winters, TX 79657

Or you can pay at the time of the camp.

Camp(s) Attending: _____

Name: _____

Address: _____

Age: _____ **Grade(18-19 school year):** _____

T-shirt Size(please specify youth or adult): _____

Emergency contact: _____

Relationship: _____

Emergency contact Phone: _____

Emergency Contact Address: _____

Release Form/Emergency Information

As a custodial parent or court-appointed guardian of _____ (child's name), I do for both of child's parents, for child and child's heir and successors, release "Blizzard Camp" and any of its agents, employees, or staff from all claims arising out of or connected with the child's participation in any of the "Blizzard Camp" activities. I provide this release because I am mindful that athletics, physical training and competition can be a dangerous undertaking regardless of how careful or prudent any person, firm, or facility might be. Furthermore, I give permission to the staff of "Blizzard Camp" to treat child or arrange for medical care or treatment deemed necessary. If circumstances permit, the staff will attempt to communicate via telephone with the following emergency contacts for child.

Primary Emergency Contact

(NAME, RELATIONSHIP, PH. #)

Secondary Emergency Contact

(NAME, RELATIONSHIP, PH. #)_

In the event neither emergency contact can be reached, or if the urgency of the situation requires immediate attention without prior telephone contact, "Blizzard Camp" staff may arrange for medical treatment at the expense of parent or guardian signing form. Health insurance, PPO info child follows.

Ins. Company: _____

Policy #: _____

Address: _____

Telephone: _____

Allergies (if any): _____

Heart disease or other: _____

PARENT OR GUARDIAN SIGNATURE

DATE