

# CLEBURNE YELLOW JACKET



## BASEBALL CAMP 2018



**MAY 29TH - 31ST**

**HEAD COACH:**

**ROSS TAYLOR**

**ASSISTANT COACHES:**

**RYAN STEPP, BRENT BURTON & COLBY BRADDOCK**

**INCOMING GRADE: 3RD, 4TH & 5TH**

**TIME: 10:00A.M — 12:00 P.M**

**COST: \$ 75.00**

**INCOMING GRADE: 6TH, 7TH, 8TH & 9TH**

**TIME: 1:00 P.M — 3:00 P.M**

**COST: \$ 75.00**

**MAKE CHECKS PAYABLE TO:**

**ROSS TAYLOR**

**913 STONELAKE**

**CLEBURNE, TX 76033**

**PHONE: (817) 517 — 9642**

**T — SHIRT SIZE: YS \_\_\_\_\_, YM \_\_\_\_\_, YL \_\_\_\_\_, YXL \_\_\_\_\_**

**AS \_\_\_\_\_, AM \_\_\_\_\_, AL \_\_\_\_\_, AXL \_\_\_\_\_**

**NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**GRADE LEVEL FOR 2018— 2019 SCHOOL YEAR: \_\_\_\_\_**

**I APPROVE OF MY SON'S ATTENDANCE AT CLEBURNE BASEBALL CAMP AND I HEREBY CERTIFY THAT HE IS ABLE TO PARTICIPATE IN ALL CAMP'S ACTIVITIES. I AM / AM NOT ATTACHING A NOTE EXPLAINING SPECIAL LIMITATIONS AND HEREBY GRANT PERMISSION TO THE CAMP STAFF TO HOSPITALIZE, SECURE PROPER TREATMENT AND OTHER INJECTIONS, ANESTHESIA, OR SURGERY FOR MY CHILD.**

**SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_**