

**2010 Jesuit Ranger Baseball Camp Registration Form**  
**Boys Grades 3<sup>rd</sup>-8<sup>th</sup>**

Make Checks Payable to: Jesuit Baseball

Return to: Brian Jones  
Head Baseball Coach  
Jesuit College Prep  
12345 Inwood Rd.  
Dallas, TX 75244

Contacts for questions: Brian Jones (972) 387-8700 ext. 323 [bjones@jesuitcp.org](mailto:bjones@jesuitcp.org)  
Sean Gavin (972) 387-8700 ext. 359 [sgavin@jesuitcp.org](mailto:sgavin@jesuitcp.org)

Camper Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Grade Entering (Fall 2010) \_\_\_\_\_ School \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Parent cell (Dad) \_\_\_\_\_ Mom cell \_\_\_\_\_  
Email address \_\_\_\_\_  
Other contact \_\_\_\_\_ Cell \_\_\_\_\_

T-Shirt Size: Youth: S M L Adult: S M L XL

\_\_\_\_\_ Week 1 June 6-June 11. Monday-Friday 9:00 am-12:00pm. Cost \$150.00  
\_\_\_\_\_ Week 2 June 14-June 18. Monday-Friday 9:00am-12:00pm. Cost \$150.00  
\_\_\_\_\_ Week 3 June 21-June 25. Monday-Friday 9:00am-12:00pm. Cost \$150.00

***SPECIALTY CAMPS***

\_\_\_\_\_ Hitting Camp. Grades 5-8 June 14-18. Monday-Thursday 1:00pm-2:30pm. Cost \$150.00  
\_\_\_\_\_ ***Incoming Freshman ONLY*** . June 21-June 24. Monday-Thursday 1:00pm-4:00 pm. Cost \$125.00

**PLAYER PERMISSION TO PARTICIPATE/CONSENT FOR MEDICAL TREATMENT**

I the parent/guardian of the participant, a minor, agree that the participant and I will abide by the rules of the Jesuit Baseball Camp, Jesuit College Prep and its instructors in charge. Recognizing the possibility of physical injury associated with the Baseball Camp. I hereby release, discharge and /or otherwise indemnify the Jesuit Ranger Baseball Camp and Jesuit College Prep, their employees and associated personnel, including the participant as a result of the participant's participation in the camp.  
As the parent of legal guardian of the above-named player, I hereby give consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the well being of my dependent.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian