

## Softball Camp 2025 STUDENTS ENTERING 1ST - 9TH GRADE

| Date:            | June 2- June 4                                                           |
|------------------|--------------------------------------------------------------------------|
| Location:        | Red Oak High School Softball Field                                       |
| <u>Time:</u>     | 9:00am-12:00pm                                                           |
| Price:           | \$65, <b>\$75 after May 23rd ROISD Employee Discount \$50</b>            |
| <b>Benefits:</b> | A) Each camper will receive a Camp T-Shirt                               |
|                  | B) Softball skills and drills will be taught in all aspects of the game. |
| What to Bring    | : You will need a glove. Bring all the softball equipment you have.      |

## \*\*\*Please email any questions & Pre-Register to Coach Roberts at logan.roberts@redoakisd.org\*\*\*

|                               | Registration Form | 1       |              |
|-------------------------------|-------------------|---------|--------------|
| Camper Name                   |                   | Grade H | Fall of 2025 |
| Address                       |                   | City    | Zip          |
| School Attending in Fall 2025 |                   |         |              |
| Parent's Name                 | Work #            | Ce      | ell #        |

Circle T- Shirt Size: Youth Sm, Med, Lg, Adult Sm, Med, Lg, XL

## RED OAK SOFTBALL CAMP APPLICATION AND INSURANCE RELEASE FORM

## ASSUMPTION OF RISK/RELEASE OF LIABILITY

I give my child permission to participate in the 2024 Red Oak Softball Camp. I (parent)\_\_\_\_\_\_, release and hold harmless, Red Oak ISD, and all employees and volunteers of this camp from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this camp. I also understand that the camp provides no medical insurance policy and that I should make sure my child is covered in the event of injury. I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, and accept responsibility for any cost thereof. Signature of parent or guardian\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Parent's Printed Name:

| Make Checks Payable to:         | Red Oak Athletics / Softball |  |  |  |
|---------------------------------|------------------------------|--|--|--|
| Mail Check and Registration to: |                              |  |  |  |

Red Oak Athletics / Softball % Coach Roberts Red Oak High School 220 South SH 342 Red Oak, TX 75154