



2018 ARDMORE HIGH SCHOOL YOUTH SPORTS CAMPS

- **Baseball Camp** 1st-3rd Grades \$50.00 June 11th & 12th 12:30-4:00

***Baseball has Limited spots available! Pre-Registration will end on June 15th.
Will take more on the first day of the camp at 12:00 if there are spots still available.



- **Baseball Camp** 4th-6th Grades \$50.00 June 13th & 14th 12:30-4:00

- **Tiger Basketball Camp** Ages 5-11 \$50.00 June 25-27 8:00-12:00



- **Tiger Mini Cheer Camp** Ages 5-12 \$30.00 June 26-28 9:00-12:00

Name of Child: _____

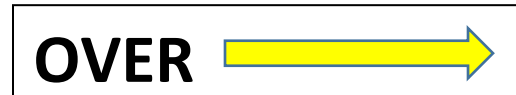
Which Camp are you attending? _____

Age: _____ Grade for 2018-19: _____

T-Shirt Size: _____

*******Make Checks Payable to Ardmore High School*******
30285 Ardmore Ave
Ardmore, AL 35739

The goal of Ardmore High School Camp's is to help young players with the fundamentals of the game and to improve the skills of each camper. We will provide a safe, fun, and challenging environment that is needed to improve athletic skills. We will emphasize things like hard work, hustle, a competitive spirit, and a love for the game. Ardmore High School coaches will provide the instruction with assistance from the players and some former players.



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YOUTH SPORTS CAMPS**

RELEASE FROM LIABILITY

Name of Guardian with Insurance: _____

Medical Insurance Co.: _____

Policy Number: _____

Group Number: _____

I _____, (**guardian's name**)
hereby grant permission for

_____ (**camper's name**)
to attend Ardmore's Summer Sports Camp.

I hereby release and hold harmless Ardmore High School (AHS) and Limestone County Board of Education (LCBOE) and its directors, staff, and employees from any claims, demands, costs, expenses or liability incurred as a result of injury sustained in association with participation in the Summer Sports Camp at AHS. Additionally, I release and hold harmless AHS from any liability should I or, _____ (**camper's name**) sustain any personal injury caused by the ordinary negligence of AHS and its directors, staff, and employees. I authorize the Staff of the AHS Camp to seek and have medical aid administered to the above camper should the need arise. I also affirm that the medical information on this form is both complete and correct. I understand that all payments are non-refundable and non-transferable. I also agree that any pictures taken of my child while at camp may be used in any publication for AHS Summer Sports Camp.

Parent / Guardian:
Signature _____

Date: ____/____/____

PHONE # _____