



Flower Mound Marcus High School Baseball Camp 2021



Jeff Sherman, Head Baseball Coach

Phone Number 972.814.6447

Site: Marcus Baseball Field (2800 Dixon Lane)

<u>Session#</u>	<u>Dates</u>	<u>Times</u>	<u>Grades Entering (Fall 2021)</u>
1	June 14 – 17	8:00 a.m. – 11:00 a.m.	Incoming 1 st – 6 th Graders (Future Stars Camp 1)
2	June 14 – 17	12:00 p.m. – 3:00 p.m.	Incoming 7 th -9 th Graders (All Skills Camp)
3	June 21 – 24	8:00 a.m. – 11:00 a.m.	Incoming 1 st – 6 th Graders (Future Stars Camp 2)

FEE: \$105 includes a camp T-shirt. (*no refunds)

Make Checks Payable to: Jeff Sherman

*Each camp has limited space. Walk up registration will only be allowed if space is still available. Check twitter for updates @jeffsherman26

Mail registration to:

**Jeff Sherman
703 Scottish Mist Trail
Highland Village, TX 75077**

Online Registration Available

www.marcusbaseballcamps.com

CAMP FEATURES

- FUN AND EXCITING ATMOSPHERE.
- INDIVIDUALIZED INSTRUCTION.
- MOTIVATIONAL CHARACTER BUILDING MESSAGES TO HELP BUILD CONFIDENCE AND INCREASE SELF-ESTEEM.
- WELL-PLANNED AND HIGHLY ORGANIZED STRUCTURE.
- CAMPERS WILL RECEIVE A T-SHIRT AT THE END OF THE WEEK.
- CONCESSION STAND WILL BE AVAILABLE DURING BREAKS.

Covid Protocol

- Different Entrance & Exits
- Sanitization stations
- Masks will be worn when not exercising
- Campers socially distanced by 3 feet
- Campers need to bring own water

(Cut off and return this information)

Student's Name: _____ Age at Camp Start Date: _____ 2021-2022 Grade: _____

Parent's Name: _____ Entering School: _____

Phone: (home) _____ (cell) _____

Address: _____ City/Zip: _____

Parent email address: _____

Emergency Contact: _____ Emergency Cell: _____

Camp Session (check one)

- Session 1 (Incoming 1st – 6th Graders)**
 Session 2 (Incoming 7th – 9th Graders)
 Session 3 (Incoming 1st – 6th Graders)

T-shirt Size (circle one):

Child: S / M / L
Adult: S / M / L / XL / XXL

Authorization to Participate and Waiver of Claims

As the parent or legal guardian of the participant named above, I give permission for my child to participate in the Marcus Baseball Camp. In the event of injury or illness requiring emergency medical treatment I authorize the camp directors to act on my behalf to seek medical treatment and agree to accept financial responsibility for any costs related to that medical treatment or transportation.

I further acknowledge that the Lewisville Independent School District, its Board of Trustees, Individual Trustees, Administrators, School Employees, and Camp Workers/Volunteers shall not be responsible in any way for any personal property or vehicle damage, or for any injury, discomfort, or inconvenience to any participant, spectator, or official as a result of the drills, practices, scrimmages, contests, or other activities held at Lewisville Independent School District facilities as a part of the Marauder Baseball Camp.

Parent or Guardian Signature: _____ **Date:** _____

Online Registration Available here: www.marcusbaseballcamps.com