



16th ANNUAL WOODLANDS SUMMER SOFTBALL CAMP

When: June 4-6 (Tuesday – Thursday)

Where: Highlander Park (6101 Research Forest Dr., The Woodlands, TX. 77380)

Staff: TWHS coaches Tim Borths, Paula Miller, Randi Rascoe and TWHS former players

Sessions: Session 1: Girls entering 1st – 6th grade: 9:00 am – 11:30 am (11” ball)
 Session 2: Girls entering 6th – 9th grade: 1:00 pm – 3:30 pm (12” ball)

Cost: \$125

Registration is due by May 28th to ensure T-shirt availability

Equipment: T-shirt, shorts/pants, cleats (or tennis shoes), glove, bat

Send registration to:
Paula Miller
The Woodlands High School
6101 Research Forest Drive
The Woodlands, TX. 77381

Make checks payable to: **Paula Miller**

If you have questions email Paula Miller at pmiller1515@gmail.com

TWHS Softball Camp Form

Name: _____ Age: _____ School/Grade: _____

Address: _____

Phone Number: _____ Email: _____

Date: _____ Parent/Guardian Signature: _____

Please Circle the appropriate T-shirt size and session you are attending

T-shirt size:	Youth	small	medium	large	x-large
	Adult	small	medium	large	x-large

Session I (grades 1 – 6: 11” ball)

Session II (grades 6 – 9: 12” ball)

Insurance Waiver

Name: _____ Sport: Softball Activity: Summer Camp

In order for your child to be able to participate in the camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not carry insurance covering injuries your child may sustain. The undersigned are the parent or legal guardian of _____.

By my signature, I am informing Conroe Independent School District that I understand that the district is not responsible for any accident or payments resulting from such accident.

In the event of injury to our child, we recognize that the Conroe Independent School District, it’s Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expenses or damages and will have no insurance program. We acknowledge that we have made a choice on behalf of our child without any interference from anyone serving or employed by Conroe Independent School District in any capacity.

This _____ Day of _____, 20_____

Parent/Guardian Signature: _____