



12<sup>th</sup> Annual  
**BETWEEN THE LINES**  
**BASEBALL CAMP**  
**College Park Cavaliers**  
**2017**



The 12<sup>th</sup> Annual “Between the Lines” baseball camp will be directed by College Park HS head baseball coach, Jason Washburn, and the Cavalier coaching staff. Campers will be taught fundamentals as well as be exposed to some of College Park’s former players teaching them how to play the game the right way. These camps are designed to improve the players’ quality of baseball play, as well as to enhance the enjoyment of the game.

**Each year the camps have been known to be the most fun four days of baseball!**

<b><u>Session I:</u></b>	<b><u>Ages</u></b> Incoming Grades 1 – 5	<b><u>Date</u></b> June 5-8 (M-Th)	<b><u>Time</u></b> 9:00-12:00	<b><u>Cost</u></b> \$90.00
<b><u>Session II:</u></b>	<b><u>Ages</u></b> Incoming Grades 6 – 9	<b><u>Date</u></b> June 12-15 (M-Th)	<b><u>Time</u></b> 9:00-12:00	<b><u>Cost</u></b> \$90.00
<b><u>Session III:</u></b>	<b><u>Ages</u></b> Incoming Grades 6 – 9	<b><u>Date</u></b> June 9 (Friday)	<b><u>Time</u></b> 9:00-1:00	<b><u>Cost</u></b> \$50.00

**Equipment:** It is recommended players bring their own bats and gloves (*marked with name*). Limited supplies of bats and gloves will be available. *Cleats and tennis shoes* must be available in case of inclement weather. Players are also encouraged to bring personal water bottles, however, water will be provided in the dugouts.

**Concessions:** Concessions will be available and water will be provided in the dugouts.

Checks made payable to **Between the Lines Baseball Camp** and may be mailed to: 131 W. Drifting Shadows Cir., The Woodlands, TX 77385  
 Questions addressed to Coach Washburn: (email) [cphsbaseball@yahoo.com](mailto:cphsbaseball@yahoo.com) (phone) 936-697-1865 (web) [www.collegeparkbaseball.com](http://www.collegeparkbaseball.com)

-----PLEASE COMPLETE AND DETACH THE INFORMATION BELOW-----

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade ('17-'18) \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Please circle session(s) to attend below:

Please circle T-shirt size below:

<b>Session I (June 5-8)</b> <i>Incoming grades 1<sup>st</sup>-5<sup>th</sup></i>	<b>Session II (June 12-15)</b> <i>Incoming grades 6<sup>th</sup>-9<sup>th</sup></i>	<b>Session III (June 9)</b> <b>Pitchers/Catchers</b> <i>Incoming grades 6<sup>th</sup>-9<sup>th</sup></i>	<b>Youth:</b> S      M      L <b>Adult:</b> S      M      L      XL <b>(no t-shirt for session III only)</b>
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*In order for your child to be able to participate in the 2017 camp/activities, it is necessary for you to sign this statement indicating your understanding that the CISD district does not carry insurance covering injuries your child may sustain.*

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 an accident. In the event of injury to our child, we recognize that the CISD, its Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expense, or damage and will have no insurance covering our child. We have made the choice on behalf of our child without any interference from anyone serving or employed by the Conroe ISD in any capacity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017. (At least one signature is required)

\_\_\_\_\_  
 Father's signature

\_\_\_\_\_  
 Mother's signature

\_\_\_\_\_  
 Guardian's signature