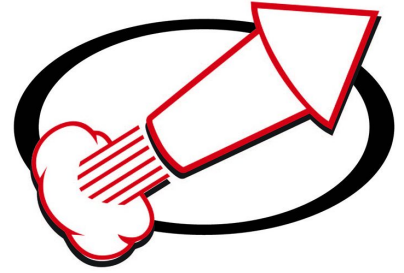


Practice with the "ROCKETS"

Saturday: May 19, 2018

TIME: 9:30 AM – 11:30 AM

SOUTH MILWAUKEE H.S RAWSON FIELDS
(VARSITY FIELD BEHIND MIDDLE SCHOOL)



PRACTICE AND RUN THROUGH STATIONS WITH VARSITY, JV PLAYERS & COACHING STAFF

HITTING, FIELDING, THROWING, CATCHING AND BASERUNNING

Cost: \$10.00 Make Checks Payable to: SMSBBC
(SOUTH MILWAUKEE SOFTBALL BASEBALL BOOSTER CLUB)

RETURN FORM TO: JEFF CROGAN
1700 BLAKE AVE
SOUTH MILWAUKEE, WI 53172
croganj@yahoo.com

(Return this Portion)

NAME (Player and Guardian): _____

ADDRESS: _____

CITY: _____ **TELEPHONE:** _____

EMAIL: _____

_____ **ROCKET T-SHIRT FEE \$10.00**

_____ **YOUTH** ___S___ M___L

_____ **ADULT** ___S___M___L___XL (Shirts must be ordered by 5/13)

I VERIFY THAT MY DAUGHTER HAS BEEN CHECKED BY A LICENSED PHYSICIAN AND IS PHYSICALLY ABLE TO PARTICIPATE IN THIS CAMP. I AGREE TO ALLOW MY DAUGHTER TO BE TREATED BY A LICENSED PHYSICIAN WHILE ATTENDING, IF NECESSARY, AND TO ASSUME ALL COSTS RELATED TO SUCH TREATMENT. I AUTHORIZE MY INSURANCE COMPANY TO PAY BENEFITS. ALSO, I AUTHORIZE THE DISCLOSURE OF MEDICAL INFORMATION TO MY INSURANCE COMPANY FOR THE PURPOSE OF A CLAIM.

SIGNATURE **AUTHORIZED PARENT/GUARDIAN**