



WARRIOR BASEBALL CAMP Students Entering Grades 5-8

Date: July 20-22, 2011

Time: 5:30-7:30 p.m.

Location: Cypress Christian School – Baseball Field
11123 Cypress N. Houston Road, Houston, Texas 77065

Cost: \$75

Camp Director: Marsha Martin, Athletic Director Marsha.Martin@CypressChristian.org
Greg Bretz, Baseball Coach Greg.Bretz@CypressChristian.org
281.469.8829

Please detach here. Mail or return the lower portion to the CCS office,
along with your check made payable to Cypress Christian School. Keep the upper portion for your reference.

Camper's Name _____ Age _____

Grade Entering _____ Sex _____

Address _____ City _____ Zip _____

Home Phone _____ Parent's Cell Phone _____

School camper will attend in the fall _____

Circle T-Shirt size: YL AS AM AL AXL AXXL

I hereby authorize the directors of the **Cypress Christian Baseball Camp** to act for me according to their best judgment in any emergency regarding medical attention. This authorization shall waive, release, and absolve the **Cypress Christian Baseball Camp** and coaches from any liability for injury or illness incurred at the camp.

Signature of Parent/Guardian _____ Date _____