

# BASEBALL CAMP



Ages 6-12

June 2 - June 4 • 8 a.m. to Noon

## Jack Martin Field

Jackson State Community College  
2046 North Parkway | Jackson, TN 38301

\$75 per child

Please make checks payable to JSCC Baseball.

Please mail checks and the registration information to JSCC, Attn: Coach Winders.

**CONTACT COACH MICHAEL WINDERS WITH ANY QUESTIONS.**

(731) 424-3520 ext. 50273 | cwinders@jscc.edu

ATH-21-0052

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I understand that Jackson State Community College does not (in any way) provide medical insurance nor will it be responsible for medical expenses. I hereby authorize the Athletic Department to act for me according to their best judgements in any emergency requiring medical attention, and I hereby waive and release the Athletic Department and Jackson State Community College campus from any and all liability for any injuries while at Baseball Camp. I also certify that my child is medically fit to participate in this program.

Signature of Parent/Legal Guardian: \_\_\_\_\_