

Camp Registration Information:

Camp: (High school Grades 9-12)
January 14, 2012

Bearkat Softball Stadium

Huntsville, TX
620 Bowers Blvd
Softball Stadium

Camp Schedule:

8:00-9:00 Sign In
9:00-12:00 Session 1
12:00-1:30 Lunch (**Please Bring Lunch**)
1:30-4:00 Session II

Cost: \$100 per camper

Other notes:

Bring copy of recent physical
If weather is bad camp will be moved indoors

Camp Features:

Individual Position and Hitting Instruction
Special Position instruction includes Pitchers and Catchers,
etc.
Speed and Conditioning Training:
Players will learn ways to improve their running forms and
learn valuable exercises to improve speed and agility.
Camp T-shirt

Camp given by:

Head Softball Coach: Bob Brock



Assistant Softball Coach: Adrian Gregory



Graduate Assistant Softball Coach: Hailey Wiginton



Enrollment Form:

Name of Camper:

Parent/ Guardian:

Telephone (home): _____
(business): _____

E-mail: _____

Mailing Address:

City: _____
State: _____ Zip: _____

Grade as 2011 Fall: _____

Age as of December 2011: _____

T-shirt Size: _____

Positions you play: _____

Summer Team: _____

Coach: _____

Telephone: _____

High School Coach: _____

Telephone: _____

Have you attended a SHSU camp before? Y/N

Parent/Guardian Signature:

Method of Payment? (Sorry No Personal Checks)

Credit Card:

bobbrocksoftballcamps.com for credit card
payments (a small processing fee will be applied
to credit card payments)

Check: _____

Money Order: _____

Medical Examination:

All campers must have medical-physical form on file
with us to participate. A completed copy of the past
year's high school or junior high physical form is
acceptable. The examination should be performed
prior to arrival at camp. This examination is for
determining fitness to engage in strenuous activities.

To Be Filled Out by Physician:

CODE: V-Satisfactory; **X**-Unsatisfactory (explain);
O-Not examined.

Height: _____ Weight: _____ BP: _____

Eyes: _____ Glasses: _____

Ears: _____ Nose: _____

Throat: _____ Heart: _____

Lungs: _____ Genitalia: _____

Abdomen: _____ Hernia: _____

Extremities: _____

Posture: _____

Allergies(specify): _____

Menstrual (females only): _____

General appraisal: _____

Recommendations & restrictions while in camp?

Special diet: _____

Current medications (parent sending?) _____

Swim/Diving _____ Other _____

I have examined the person herein described and
have reviewed their health history. It is my opinion
that this camper is physically able to engage in camp
activities, except as noted above.

Physician Signature:

To be filled out by Parent or Guardian:

Name of Camper: _____
D.O.B: _____ Sex: _____ Age: _____
Parent/Guardian name: _____
Telephone: _____
Home Address: _____
Emergency Contact:
1. _____
2. _____

Health History (check and give approx. date)

Allergies _____
Hay Fever: _____ Poison Ivy: _____
Insect stings: _____ Asthma: _____
Penicillin: _____ Other Drugs: _____
Previous Head injury: _____
Date of last DT Booster: _____
Operations and serious
injuries: _____
Chronic or recurring illness: _____
Other diseases or details of above: _____

Family Physician: _____
Telephone: _____
Any specific activities to be encouraged
restricted? _____

IMPORTANT: Please notify the camp of this camper is
exposed to any communicable disease during the three
weeks prior to camp attendance.

PARENT/GUARDIAN AUTHORIZATION

This health history is correct to our knowledge. The person
herein described has permission to engage in all prescribed
activities except as noted. I hereby give permission to the
physician selected by the camp
director to order X-rays, routine tests and treatment for all
the health of my child and in any event I cannot be reached
in an emergency, I hereby give permission to the physician
selected by camp director to hospitalize, secure proper
treatment for and order injection and or surgery for my child
as named above.

Parent/Guardian Signature

Date

Contact:
Adrian Gregory
Phone: (936) 294-1745
Email: ak025@shsu.edu
Return application forms to:
Bob Brock Softball Winter Camp
82 Tubac, Conroe, TX 77304 Or register at
bobbrocksoftballcamps.com

SOFTBALL
ACADEMY
WINTER CAMP
2012



CAMP
GRADES 9-12
JANUARY 14, 2012

Sam Houston State University is not the operator or sponsor
of this camp. This camp is owned and operated by Bob
Brock

BOB BROCK