

# COVINGTON SKILLS



# BASEBALL CAMP

**JUNE 19-22, 2023 AT COVINGTON HIGH SCHOOL**

**2022-23 GRADES 1ST THROUGH 8TH FROM 9AM TO 11AM**

**THE CAMP WILL FOCUS ON FUNDAMENTALS OF HITTING, FIELDING, BASE RUNNING, PITCHING, AND CATCHING. PARTICIPANTS NEED TO BRING YOUR OWN GEAR.**

**Return this registration form and a fee of \$30 to receive a t-shirt. Space is limited and the camp will fill quickly, so register early. Contact Andy Johnson at [johnsona@piqua.org](mailto:johnsona@piqua.org).**

Please print or type all information requested.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENTS NAME(S): \_\_\_\_\_

PHONE (home/cell): \_\_\_\_\_

SCHOOL: \_\_\_\_\_ POSITIONS: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: (circle one) 1st 2nd 3rd 4th 5th 6th 7th 8th

T-SHIRT SIZE: YS YM YL ADULT SIZES: S M L XL

**MAIL WITH PAYMENT TO:**

**COVINGTON ATHLETIC DEPARTMENT WITH **BASEBALL CAMP** IN MEMO LINE  
807 CHESTNUT ST., SUITE A, COVINGTON, OH 45318**

## **PARENT PERMIT FOR ATHLETIC PARTICIPATION**

I hereby grant permission for my child, \_\_\_\_\_ To participate in the Summer Camp /League  
OR Any summer activities.

(First & Last Name)

**One of the following statements must be answered in the affirmative to complete this permit:**

Yes, I have adequate insurance to cover medical expenses, if needed.

Yes, I will assume all responsibilities for medical expenses without the benefit of insurance.

We hereby give consent to the coaches of Covington Schools to secure treatment at the best available hospital in case of emergency and further give consent to the hospital officials or doctors to take necessary action to provide the best treatment until they are in contact with the parents.

Parent Signature: \_\_\_\_\_