

Medical Information Required

Name: _____

Family Physician: _____

Phone #: _____

Medical Insurance Company:

Policy #: _____

Address of Company:

Policy Holders Name: _____

Allergies: _____

Date of last Tetanus shot: _____

Emergency Contact Name and phone
number: _____

Relationship to camper: _____

**Medical Treatment- Consent and
Release Authorization**

I hereby authorize the LVHS Camp to
act for me according to their best

judgment in any emergency requir-
ing medical attention.. Treatment of
injuries or hospitalization for illness
or injuries incurred during the camp
will be the responsibility of the
parent or guardian of the camp
participant.

Parent/Guardian

Date

**Las Vegas High School
Baseball Camp
2010**



**“Once a Wildcat always
a Wildcat!”**

Questions contact
Sam Thomas
799-0180 ext. 4087



**Las Vegas High
School**

**Camp Schedule
February 6,2010**

9:30-10:00 Registration

**10:00-12:00 Defense/
position drills**

11:00-1200 Pitching

12:00-12:45 Lunch

12:45-2:00 Hitting

2:00-3:00Base Running

LAS VEGAS HIGH SCHOOL SOFTBALL/BASEBALL CLINIC

LOCATION:

The baseball clinic will be held on the baseball field. The field is located on the campus of Las Vegas H.S. The school is located at 6500 E. Sahara Ave. Las Vegas , NV 89142.

COST: \$40 per camper

AGES 7 thru 13

DATE/TIME:

February 6, 2010

Registration-9:30a.m.-

10:00a.m.

Clinic-10:00 a.m.– 3:00 p.m.

LUNCH WILL BE PROVIDED

INSTRUCTORS:

BASEBALL:

Sam Thomas- Baseball Coach, Las Vegas High School.

Barry Traynor– Baseball Coach, Las Vegas High School.

Clint Huggins- Baseball Coach, Las Vegas High School.

Danny Boyce- Baseball Coach, Las Vegas High School.

Mike Chapman- Baseball Coach, Las Vegas High School.

Members of the II-time Northeast Division Championship baseball team

Name of Camper: _____

Address: _____

City: _____
State: _____

Email address: _____

Home Phone # _____

Cell Phone # _____

Emergency Contact and Phone Number: _____

Age: _____

T-Shirt Size (please circle):

Youth S M L XL : Adult S M L XL

Baseball: _____

Softball: _____

Please make checks payable:

Las Vegas High School Baseball

Please send your completed registration form and check to: _____

Las Vegas High School
6500 E Sahara Ave
Las Vegas, NV 89142
CO: Sam Thomas