

# CY CREEK BASEBALL CAMP 2019

DIRECTED BY THE CY CREEK HIGH SCHOOL COACHING STAFF  
HELD AT COUGAR FIELD ON THE CAMPUS OF CY CREEK HIGH SCHOOL.

The workouts are designed to improve the skill level of every camper.

Including:



**Base Running**  
**Conditioning**  
**Throwing**  
**Catching**  
**Pitching**  
**Fielding**  
**Hitting**

**Sliding**  
**Discipline**  
**Team Play**  
**Stretching**  
**Rundowns**  
**Sportsmanship**  
**Strength Training**

## CAMP DATES:

### CAMP 1

ENTERING 2<sup>ND</sup> THRU 5<sup>TH</sup> GRADES

JUNE 10 THRU JUNE 12  
9AM UNTIL 11:30AM

### CAMP 2

ENTERING 6<sup>TH</sup> THRU 9<sup>TH</sup> GRADES

JUNE 10 THRU JUNE 12  
1 PM UNTIL 4PM

THINGS TO BRING:

- **Gloves**
- **Hat**
- **Bat**
- **Shoes**
- **\$ For Concessions**

\* Water will be Provided for Campers  
\* PLEASE LABEL EQUIPMENT WITH NAME

**Camp Cost: \$60**  
Checks Only please

For a printable brochure copy, log on to:  
<http://www.cycreekabc.com/baseball/index.html>

For questions call (281) 897-4200 or email  
Erin.bryant@cfisd.net  
Make check payable to **Cy Creek Athletics**  
Mail the bottom portion of this brochure to:  
Cy Creek Baseball Camp  
Attn: Erin Bryant  
9815 Grant Rd.  
Houston, TX 77070

DETACH HERE AND MAIL ONLY THE BOTTOM PORTION

Please circle the appropriate camp: Camp 1 (entering grades 2-5) Camp 2 (entering grades 6-9)

Camper \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_ 1.) Telephone \_\_\_\_\_

Grade in Fall of '19 \_\_\_\_\_ Name of School in '19 \_\_\_\_\_ 2.) Telephone \_\_\_\_\_

Do you have medical insurance? Yes No Circle camper's t-shirt: YS YM YL S M L XL

ATHLETIC PARTICIPATION CONSENT FORM: STUDENT'S NAME: \_\_\_\_\_ CAMPUS: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY, STATE AND ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_  
RELATIONSHIP TO ATHLETE: \_\_\_\_\_ EMERGENCY PHONE NUMBER: \_\_\_\_\_