

Medical Release:

All campers must have their own medical coverage. Neither Jack E Lay Sports Complex, Vickee Kaze Hollifield, nor any staff member will be held liable for any injuries suffered during camp. Campers will not be allowed to participate unless the following is submitted and is signed by a parent or guardian.

Insurance Co: _____

Policy #: _____

Address: _____

Phone: _____

I/ We hereby certify that as the parent/guardian of _____ give permission for the camp staff to seek appropriate medical attention and for medical attention to be given to her in the event of an accident, injury, or illness during the week of camp. I will be responsible for any and all costs of medical treatment and release Vickee Kaze Hollifield and the camp staff of any liability. In addition, I agree to the terms of registration and payment as stated.

Parent/Guardian Signature Date

Checks Payable to Vickee Hollifield

Mail Registration & Payments To:

Vickee Kaze Hollifield P O Box 4148,

Oneida, TN 37841

Vickee Kaze Hollifield

P.O. Box 4148

Oneida, TN 37841

2024 SOFTBALL / BASEBALL SKILLS CAMP

**2024
SOFTBALL—BASEBALL
CAMP**



**Jack E. Lay Sports
Complex
Oneida, TN
Individual Skills Camp**

JUNE 17-19