



## 2022 Bowdon High School Youth Baseball Camp Registration Form

Dates: June 28<sup>th</sup> & 29<sup>th</sup> Time: 9:00am- 12:00pm Ages: 7-14

Camp Cost: \$50.00/ Includes Camp T-shirt

Name: \_\_\_\_\_

Campers Grade Level: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*Prepare to get wet on the last day of camp...pack appropriately\*\***

T-shirt size: (circle one) YS YM YL AS AM AL AXL

Phone Number: \_\_\_\_\_

Emergency Contact/ Phone #: \_\_\_\_\_

Camper's Position(s): \_\_\_\_\_

**Medical Release:** In consideration of the acceptance of this application for the BOWDON HIGH BASEBALL SOFTBALL CAMP, I am aware of and understand the potential dangers of participating in contact sport activities. I understand that catastrophic injury or accident can occur through participation in softball, and I freely and voluntarily assume all such risks and consent to my child's participation in the clinic.

I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have now or in the future against Bowdon High School and its representatives, employees, respective agents, and/or assignees, for all damages which may be sustained and suffered in connection with my or my child's association with any portion of this clinic or related activities, and which may arise out of my or my child's traveling to or returning from camp. I know of no medical or physical problems that may affect my child's ability to participate safely in this camp.

I hereby give my consent to the camp staff to attend to any health problems or injury my child may incur while attending this camp. I accept full responsibility for the cost of any charges in connection with my child's attendance at this camp.

By signing this I certify that my/my child \_\_\_\_\_ has active health insurance and I release my child to participate in the camp.

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



## CAMP GOALS

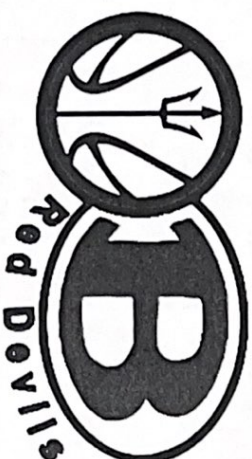
To provide youth the chance to develop their basketball skills in an exciting and enjoyable atmosphere. Emphasis will be placed on individual and team drills which stress physical and mental improvement, fundamentals, motivation, discipline, leadership, and teamwork.

**For information**  
Please call:  
Jan Fendley  
770-841-1042  
Randall Curbow  
770-570-0331

*Bowdon High School Basketball Camp will  
be held at  
Bowdon High School Gymnasium*



## BOWDON HIGH SCHOOL BASKETBALL CAMP



*June 15-16 2022  
Boys & Girls- Ages 5-14*

*Directed by Randall Curbow  
Head Boys Basketball Coach  
&  
Jan Fendley  
Head Girls Basketball Coach  
Varsity Boys & Girls players  
will serve as camp assistants*

*Bowdon High School  
Coliseum*



**Bowdon Basketball Camp**  
**June 15 -16**

For boys & girls ages 5-14

**\$40**

**CAMP FEATURES**

- Offensive Fundamentals
  - Shooting
  - Ball- Handling
  - Passing
- Defensive Fundamentals
  - Proper Stance & Footwork
  - On Ball Defense

**TIMES**

12:00 pm – 2:00 pm  
Camp Shirt Provided

Sample Schedule  
Stretching/Warm Ups  
Fundamental Stations  
Break  
Individual Contests  
Games (3on3/ 5on5)

**Be sure to bring a towel and a water bottle. Please come dressed in athletic attire (no pants or boots) & bring a great attitude! Younger campers please bring a ball suitable for your age. Some of the balls provided are for older camp participants.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_

Email \_\_\_\_\_

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

School \_\_\_\_\_

Grade \_\_\_\_\_

Circle T-shirt Size    YS    YM    YL  
Adult M    Adult L    Adult XL

Waiver: I hereby authorize the directors/workers of the Bowdon Basketball Camp to act accordingly and to their best judgment in any emergency requiring medical attention for my child/ward. Also, I hereby waive and release the Bowdon Basketball camp from any and all liabilities for any injuries and/or illnesses incurred while my child/ward is being trained. I hereby warrant that my child/ward is in good physical condition for training.

Child Signature \_\_\_\_\_

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



## Bowdon High School Youth Softball Camp Registration Form

Ages: 1st-8th grade

Dates: June 13th & 14th Time: 9:00am- 12:00pm

Camp Cost: \$50.00/ Includes Camp T-shirt

Name: \_\_\_\_\_

Campers Grade Level: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*Bring a towel and change of clothes, we will do the slip-n-slide at the end of camp.**

T-shirt size: (circle one) YS YM YL AS AM AL AXL

Phone Number: \_\_\_\_\_

Emergency Contact/ Phone #: \_\_\_\_\_

Camper's Position(s): \_\_\_\_\_

**Medical Release:** In consideration of the acceptance of this application for the BOWDON HIGH SCHOOL SOFTBALL CLINIC, I am aware of and understand the potential dangers of participating in contact sport activities. I understand that catastrophic injury or accident can occur through participation in softball, and I freely and voluntarily assume all such risks and consent to my child's participation in the clinic. I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have now or in the future against Bowdon High School and its representatives, employees, respective agents, and/or assignees, for all damages which may be sustained and suffered in connection with my or my child's association with any portion of this clinic or related activities, and which may arise out of my or my child's traveling to or returning from camp. I know of no medical or physical problems that may affect my child's ability to participate safely in this clinic. I hereby give my consent to the camp staff to attend to any health problems or injury my child may incur while attending this clinic. I accept full responsibility for the cost of any charges in connection with my child's attendance at this clinic. By signing this I certify that my/my child has active health insurance and I release my child to participate in the clinic:

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





# 2022 LITTLE DEVIL CHEER CAMP JUNE 20TH & 21ST 10AM-12PM

It's that time again! It's time to register for Little Devil Cheer Camp! This fun packed two-day camp is for ages 3-12, and will teach cheers, chants, dances, and so much more! Come out and have a great time with the Bowdon High cheerleaders, as you learn everything you need to know to be a Bowdon Red Devil Cheerleader! All participants will receive a t-shirt and are invited to come and cheer before the BHS varsity football game on Rec. Night. All of this for only \$40

- Game performance!
- Summer Fun!
- T-shirt!

Little Devil Cheer Camp will take place at the Bowdon High School Coliseum from 10am-noon each day. All participants should wear athletic apparel with athletic type shoes. Hair should be worn up. Family and friends are invited to attend a camp exhibition on Tuesday at 11:30am. Please complete the back of this form and submit, with your registration check of \$40 to:

Bowdon High School  
504 West College St. Bowdon, GA 30108  
Checks made payable to BHS



Like us on  
Facebook

"Like" the Bowdon High School Cheerleaders, @BowdonHighCheer, for more information regarding Little Devil Cheer Camp and other upcoming events.

Thank you for supporting the Bowdon High Cheerleaders! Go Big Red!



Please print.

Participant's Name \_\_\_\_\_ Participant's Age \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

Please list any allergies, medical issues, or other concerns we need to be made aware of in the space below:

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Please list the names and phone numbers of ANY person (other than the listed parent/guardian) that is allowed to pick up your child. Please understand, for security purposes, that your child will not be released to anyone not listed below:

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I agree for my child \_\_\_\_\_ to participate in the Little Devil Cheer Camp. By signing this form, I release the BHS Cheerleaders, coaches and parent volunteers, along with the CCBOE from any liability should my child receive any injury during the camp. I understand that my child must be picked up following the camp.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* T-Shirt Size : Circle one: Youth XS S M L XL  
Adult XS S M L XL**

**\*\*Participants are to wear the provided t-shirt to camp on Tuesday, as well as, to cheer at the football game performance this fall.**

My recruiting Bowdon High Cheerleader is \_\_\_\_\_.



Thank you for supporting the Bowdon High Cheerleaders! Go Big Red!





33/03/06/06 www.gaynor.com

## **Bowdon High School Youth Tennis Camp Registration Form**

Dates: June 20-21, 2022 Time: 9-11 AM Ages: Upcoming 5<sup>th</sup>-9<sup>th</sup>

Camp Cost: \$30.00

Name: \_\_\_\_\_

Campers Grade Level: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*Make sure to bring a water bottle and tennis racket to camp with you!**

Phone Number: \_\_\_\_\_

Emergency Contact/ Phone #: \_\_\_\_\_

**Medical Release:** In consideration of the acceptance of this application for the BOWDON HIGH TENNIS CAMP, I am aware of and understand the potential dangers of participating in contact sport activities. I understand that catastrophic injury or accident can occur through participation in tennis, and I freely and voluntarily assume all such risks and consent to my child's participation in the clinic.

I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have now or in the future against Bowdon High School and its representatives, employees, respective agents, and/or assignees, for all damages which may be sustained and suffered in connection with my or my child's association with any portion of this clinic or related activities, and which may arise out of my or my child's traveling to or returning from camp. I know of no medical or physical problems that may affect my child's ability to participate safely in this camp.

I hereby give my consent to the camp staff to attend to any health problems or injury my child may incur while attending this camp. I accept full responsibility for the cost of any charges in connection with my child's attendance at this camp.

By signing this I certify that my/my child \_\_\_\_\_ has active health insurance and I release my child to participate in the camp.

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