

# Future Knights Prospect Camp June 13-15

Incoming Fall 2022 7<sup>th</sup> & 8<sup>th</sup> Grades 11:30am-1:30pm

Location: Bullard Varsity Field

Staff: Varsity Coaching Staff & Players

Cost: \$125 Per Person

Checks made payable to **Bullard Baseball Foundation**  
(INCLUDES T-SHIRT)  
NO REFUNDS

Registration Due By: June 6<sup>th</sup> OR Walk-ups/Late Registration on the first day of camp

Send Registration Form & Checks to:

Bullard High School

Attention: Tom Donald – Baseball Coach

5445 N. Palm Ave. Fresno 93704

Contact Coach Tom Donald at [Thomas.Donald@fresnounified.org](mailto:Thomas.Donald@fresnounified.org) or 451-4320

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## REGISTRATION & EMERGENCY INFORMATION

### ONE REGISTRATION FORM PER CHILD – PLEASE PRINT

SHIRT SIZE: YS YM YL AS AM AL AXL (Circle ONE T-Shirt Size ONLY for student)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

My child has the following health condition(s):  
\_\_\_\_\_  
\_\_\_\_\_

With my signature below, I hereby waive any claims against the Fresno Unified School District, its agents or employees for any injuries, which might be sustained in connection with this program. I understand that there is no medical payment that I or my child may incur if I or my child is injured during the course of participation. Furthermore, I agree to abide by all of the rules and regulations set forth in this program and will conduct myself in a sportsman-like manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_