



Updated Blackcat Athletics Summer Sport Camps

Cash ONLY

Bay City High School Athletics
979-401-1200 / 400 Seventh Street (Rear)
PO Box 2510, Bay City, Tx 77404-2510

Football Camp \$10

\$10.00

**July 30-Aug 1st
Incoming 1st-9th Grade**

8:30am-10:30am

**Bay City High School
Practice Fields**

Powerade, Water and Snacks
will be available for purchase.

Swim Camp FREE

**July 30 - August 2
Incoming 5th thru 9th
grade**

8:00 - 10:00am

Valiant Pool

2624 16th Street

Look for info on: www.bcblackcats.net / [facebook/baycityisd](https://facebook.com/baycityisd) / [Twitter@BCISD](https://twitter.com/BCISD)

You can mail or drop off payment. You can call 979-401-1200 to reserve a spot and bring payment the day of camp.

Every participant receives a memento.

Please circle camp/s attending: **basketball / softball / baseball / football / swim / tennis**

Print Student Name: _____ Grade Entering: _____

Shirt Size (circle): YS YM YL AS AM AL AXL (will need for camps giving tshirts)

Print Parent/Guardian: _____

Parent Cell: _____ Other Contact/Phone: _____ (specify)

I, the undersigned, authorize said child's full participation in the Blackcat Sport Camp/s, including related activities. It is my understanding that the activities that make up the activities are not without risk or injury. As such, in my consideration of my child's participation in the camp, I hereby release, waive, discharge, and covenant not to sue the program, Bay City ISD, their officers, agents, employees or volunteers from any liability claims, demands, actions, and causes of action whatsoever arising out of, or related to any loss, damage, or injury that may be sustained by the child, whether caused by negligence of the release, or otherwise while participating in such activity or while in, on, or upon premises where the activity/camp is being conducted. I, also agree that I, and my child will follow all instructions and procedures in order to maintain a maximum level of safety. I understand that I should make sure my child is covered with family insurance in the event of a serious accident. I, also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required including transportation and accept responsibility for the cost. I authorize Bay City ISD and its schools to post names and pictures of my son/daughter on the official website for Bay City ISD, www.bcblackcats.net and its individual school pages within its website, strictly for camp purposes only. I authorize Bay City ISD to release names and pictures of my son/daughter to local newspaper publications, news broadcasts (television, radio, etc), and social media sites including but not limited to: The Bay City Tribune, The Bay City Sentinel, The Facts, The Houston Chronicle, The Victoria Advocate, Facebook, Twitter, and Instagram, strictly for camp purposes only. I authorize Bay City ISD and its individual schools to videotape or allow videotaping of my child strictly for camp purposes only. I understand that authorizing the release of information to the media concerning my son/daughter listed above is strictly voluntary. I can refuse/voke this authorization. Authorization can be revoked in writing to the Athletic Director.

Signature of Parent/Guardian

Office Use—Amount Pd: _____