



# 2021 Good Game Baseball Camp



Ferrell Park at Conroe High School

The camp will be moved inside if weather makes the field unplayable.  
Conroe High School Head Baseball Coach Jeff Raymer will direct the camp along with varsity assistants.

## **Session I: Incoming 7<sup>th</sup> through 9<sup>th</sup> Graders**

June 8-10 (Tuesday-Thursday) 9:00 a.m.-11:30 a.m.

Cost: \$75.00 per camper

Includes over 7 hrs of instruction

Fielding, Throwing, Pitching, Hitting & Base Running

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## **Session II: Skills Camp**

Incoming 2nd through 6th Graders

June 15-17 (Tuesday-Thursday) 9:00 a.m. – 11:30 a.m.

Cost: \$75.00 per camper

Includes over 7 hrs of instruction

Fielding, Throwing, Pitching, Hitting & Base Running

Equipment: All players should furnish their own bats, gloves, and shoes. Tennis shoes must be worn for indoor work if inclement weather. For further information, please call Coach Raymer at 936-709-5928 or email [jraymer@conroeisd.net](mailto:jraymer@conroeisd.net)  
Or visit our website at <https://www.conroetigersbaseball.net/>

Part of the proceeds will go back to helping build the youth baseball programs in Conroe.



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**Good Game Baseball Camp Registration Form:** Complete and mail form and insurance waiver along with payment to: Good Game Baseball Camp, 4 Ellis Park, Conroe, Tx, 77304

Players Name \_\_\_\_\_ Age (as of 6/21) \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip

Parent/Guardian Phone Email

Attending (circle all that apply): Session I Session II

Circle T-shirt Size (Session II ONLY) Youth: S M L Adult: S M L

(Must have waiver in advance to ensure a T-Shirt)

\*\*\* **CHECKS PAYABLE to: JEFF RAYMER**\*\*\*

Refund Policy: notification 7 days in advance =full refund, less than a week = 50% refund

**In order for your child to be able to participate in the 2021 camp/activities, it is necessary for you to sign this statement indicating your understanding that the district does not carry insurance covering injuries your child may sustain.**

By my signature, I am informing Conroe Independent School District that I understand that the district is not responsible for any accident or payments resulting from such accident.

In the event of injury to our child, we recognize that the Conroe Independent School District, its Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expense, or damage and will have no insurance covering our child. We have made the choice on behalf of our child without any interference from anyone serving or employed by the Conroe Independent School District in any capacity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021. (at least one signature is required)

Father's Signature /Mother's Signature /Guardian's Signature