

(Cont...)

We understand that coaches, trainers, and team physicians may use their own judgment in securing medical aid and ambulance service in case of an emergency or in mild injuries where parents cannot be reached. Also the team physician, trainer, or coach may apply first aid treatment till the family physician can be contacted.

I have read and forgoing, acknowledge the WARNING above, accept the risk described and agree to abide by the principles and regulations contained therein.

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Parent signature

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Student Signature

**INTERSCHOLASTIC ACTIVITIES**  
**INSURANCE WAIVER**

I fully understand the Littleton Public Schools does not provide health or life insurance coverage for the above named student while he/she is participating in the activities associated with interscholastic sports. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

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Parent Signature

**WARNING:** Although participating in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC. Although school injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS UNDERSTAND AND BY THEIR PARTICIPATION, AGREE THAT THEY MUST AND WILL OBEY ALL SAFETY AND TRAINING RULES, FOLLOW DIRECTIVES OF THE COACH, PROMPTLY REPORT ANY PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this permission form parents and students acknowledge that they have read and understand this warning. PARENTS OR STUDENTS THAT DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.  
...(Continued on registration)

Arapahoe High School  
2201 E. Dry Creek Rd.  
Centennial, CO 80122

# ARAPAHOE HIGH SCHOOL



2018 SUMMER  
BASEBALL CLINIC  
Ages 6-14  
June 11-14  
ARAPAHOE H.S.  
Varsity Field

## AHS BASEBALL YOUTH summer camp

**June 11-14**

2 age sessions

Grades 1-4 from 9am-12pm

Grades 5-8 from 1pm-4pm

**COST: \$125.00**

**Includes Camp Shirt**

**Prizes and Lunch**

**Lunch will be served each day at 12:00**

**Those with food allergies please let us know**

Checks payable to:

**Arapahoe Baseball**

### The Camp Schedule

Day 1- Stretching/throwing/hitting/bunting

Day 2- Stretching/throwing/infield/outfield/pitching/catching

Day 3- Stretching/throwing/base running/team defense

Day 4- Infield/outfield pre-game and scrimmages

Please send in your registration by 6/4

Late registrations \$130.00

Please send/email Coach Dollaghan your registration as soon as possible.

[jdollaghan@lps.k12.co.us](mailto:jdollaghan@lps.k12.co.us)

The camp is outside so players need to have cleats/tennis shoes, hat, glove, bat, sunscreen

Please have your name on all equipment.

## Coaches Bios

### Coach Jim Dollaghan

Coach Dollaghan is in his 2nd year as the Head Coach of the Arapahoe Warriors. Coach is a native of Colorado and played college baseball at Colorado Mesa University. He was an outfielder/pitcher.

### Coach Nick White

Coach White is the Arapahoe pitching coach and also a graduate of AHS class of 1999. He played college ball at Neosho County CC and for University of Northern Colorado. Nick was drafted in the 42nd round by the Philadelphia Phillies

### Coach Brad Johnson

Coach Johnson is a guest coach from neighboring ThunderRidge H.S. He is an infield guru who will introduce your players to fundamentals of infield play.

### Gary Mares

We are fortunate to have coach Mares join us again this summer. He specializes in the mental approach to the game as well as teaching the importance of running the bases.

AHS Coaches and some AHS players will also be assisting with the camp.

## REGISTRATION

\*\*\*Please read the waiver and sign the back of this registration\*\*\*

(Please Print)

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

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

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

School attending 2018 - 2019: \_\_\_\_\_

Grade: \_\_\_ Age: \_\_\_



T-Shirt Size (circle one)

YS YM YL Adult S Adult M Adult L

**Mail to:** Arapahoe High School  
2201 East Dry Creek Rd.  
Centennial, CO 80122  
Due 6/4/18

ATTN: Jim Dollaghan  
Questions: [Jdollaghan@lps.k12.co.us](mailto:Jdollaghan@lps.k12.co.us)