



MILL CREEK BASEBALL / SOFTBALL

BASEBALL

Who: Rising 6th - 9th graders

Date: 6/22 - 6/25

Time: 9:00 - 1:00pm

Location: MCHS Baseball Field

Cost: \$150



SOFTBALL

Who: TBD

Date: TBD

Time: TBD

Location: TBD

Cost: TBD



Registration Information

ALL PARTICIPATES **MUST** HAVE A SUMMER REGISTRATION FORM COMPLETED BEFORE ATTENDING CLINIC.

To register online: Go to www.MyPaymentsPlus.com - Click on Community School - Scroll down to Mill Creek Community School - All the classes are listed. The Registration form can be completed online.

To register in person: Print the registration form from website or pick one up in our Community School Office. Make check payable to Mill Creek Community School.



Mill Creek Summer Camp

Registration Form

Phone: 678-714-5855/Fax: 678-714-5863

Dr. Victoria Starr, Director

Participant Name: _____ Age: _____ 2020-21 Grade: _____

Parent / Guardian Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Cell phone: _____ Email Address: _____

Please list the camp(s) you want to register for:

CAMP(S)	DATES	FEE	T-Shirt Size (S-XL) (if applicable)

SIGNATURE PLEASE

Signature of Parent or Guardian

As a parent or guardian of the above named child, I do hereby indicate he/she in good health, give full approval for his/her participation in the program, and in the event of an accident, authorize any medical treatment which may be advised or recommended by an attending physician.

*******THIS SECTION MUST BE COMPLETED IN FULL *******

INSURANCE CONVERAGE FOR ACCIDENTAL INJURY IS REQUIRED BY ALL PARTICIPANTS.

Insurance Co. Name: _____ Policy# _____

Please list below any medical problem, e.g., diabetes, allergies, etc., that would assist us in caring for your child:

REGISTRATION INFORMATION

ALL PARTICIPATES MUST HAVE A REGISTRATION FORM COMPLETED BEFORE ATTENDING CLASS.

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To register in person & mail: Print from website or pick up a Community School Registration form and submit to our Community School Office. Make check payable to Mill Creek Community School.

OFFICE STAFF ONLY: Receipt# _____ Check # _____