



Flower Mound Marcus High School Baseball Camp 2025



Jeff Sherman, Head Baseball Coach

Phone Number 972.814.6447

Site: Marcus Baseball Field (2800 Dixon Lane)

Session#	Dates	Times	Grades Entering (Fall 2025)
1	May 27 th – 29 th	8:00 a.m. – 11:00 a.m.	Incoming 7 th -9 th Graders (All Skills Camp)
2	June 2 nd – 4 th	8:00 a.m. – 11:00 a.m.	Incoming 1 st – 6 th Graders (Future Stars Camp 1)
3	July 7 th – 9 th	8:00 a.m. – 11:00 a.m.	Incoming 1 st – 6 th Graders (Future Stars Camp 2)

FEE: \$100 cash/check or \$105 online includes a camp T-shirt. (*no refunds)

Make Checks Payable to: Jeff Sherman

*Each camp has limited space. No Walk up registration will be allowed.

Mail registration to:

Jeff Sherman
703 Scottish Mist Trail
Highland Village, TX 75077

Online Registration Available

www.marcusbasketballcamps.com

CAMP FEATURES

- FUN AND EXCITING ATMOSPHERE.
- INDIVIDUALIZED INSTRUCTION.
- MOTIVATIONAL CHARACTER BUILDING MESSAGES TO HELP BUILD CONFIDENCE AND INCREASE SELF-ESTEEM.
- WELL-PLANNED AND HIGHLY ORGANIZED STRUCTURE.
- CAMPERS WILL RECEIVE A T-SHIRT AT THE END OF THE WEEK.
- CONCESSION STAND WILL BE AVAILABLE DURING BREAKS.

(Cut off and return this information)

Student's Name: _____ Age at Camp Start Date: _____ 2025-2026 Grade: _____

Parent's Name: _____ Entering School: _____

Phone: (home) _____ (cell) _____

Address: _____ City/Zip: _____

Parent email address: _____

Emergency Contact: _____ Emergency Cell: _____

Camp Session (check one)

___ Session I (Incoming 7th – 9th Graders)

___ Session 2 (Incoming 1st – 6th Graders)

___ Session 3 (Incoming 1st – 6th Graders)

T-shirt Size (circle one):

Child: S / M / L

Adult: S / M / L / XL / XXL

Authorization to Participate and Waiver of Claims

As the parent or legal guardian of the participant named above, I give permission for my child to participate in the Marcus High School Baseball Camp. In the event of injury or illness requiring emergency medical treatment I authorize the camp directors to act on my behalf to seek medical treatment and agree to accept financial responsibility for any costs related to that medical treatment or transportation.

I further acknowledge that the Lewisville Independent School District, its Board of Trustees, Individual Trustees, Administrators, School Employees, and Camp Workers/Volunteers shall not be responsible in any way for any personal property or vehicle damage, or for any injury, discomfort, or inconvenience to any participant, spectator, or official as a result of the drills, practices, scrimmages, contests, or other activities held at Lewisville Independent School District facilities as a part of the Marcus High School —Baseball Camp.

Parent or Guardian Signature: _____ Date: _____

Online Registration Available here: www.marcusbasketballcamps.com