



BASES 2018

Baseball Hitting or Catcher's Camps



REGISTRATION FORM

Select	Session	Camp Description	Dates (Tu,W,Th)	Times	Age	Cost	Size Limit
_____	H1	Hitting	June 26-28	9AM-Noon	8-10	\$150	10
_____	C1	Catcher's	June 26-28	1PM-3PM	8-10	\$100	6
_____	H2	Hitting	July 24-26	9AM-Noon	11-15	\$150	10
_____	C2	Catcher's	July 24-26	1PM-3PM	11-15	\$100	6
_____	H3	Hitting	Aug 7-9	9AM-Noon	8-10	\$150	10
_____	C3	Catcher's	Aug 7-9	1PM-3PM	8-10	\$100	6
_____	H4	Hitting	Aug 14-16	9AM-Noon	11-15	\$150	10
_____	C4	Catcher's	Aug 14-16	1PM-3PM	11-15	\$100	6

\$25 DEPOSIT required for each camp. Full payment required when registering online. DEPOSIT amount non-refundable within the two weeks prior to any scheduled camp. \$25 DISCOUNT will be applied when registering for BOTH Hitting and Catcher's Camp during same date range (i.e. H1 & C1).

Name: _____ **Birth Date:** _____ **Age:** _____
Address: _____ **City/St:** _____ **Zip:** _____
Phone Number(s): Home _____ Day _____ Cell _____
E-mail Address: _____ **Years Experience:** _____
Emergency Contact: _____ **Emerg. Phone:** _____
Current Organization: _____ **Team:** _____ **Age Group:** _____ **Coach:** _____
Referred By: _____ **Shirt size** (circle one): YS, YM, YL, S, M, L, XL
 Website: www.basestrainingfacility.com E-Mail: basestraining@verizon.net

Parents, please read and sign indicating understanding and agreement:

DISCLAIMER OF RESPONSIBILITY FOR PERSONAL INJURY - ENFUCO Enterprises, LLC dba BASES – Baseball And Softball Essential Skills. I understand that if my child is injured during any BASES Summer Clinic related activity and should require medical attention, appropriate medical care will be summoned and/or an ambulance will be called. If I am not available, I understand that every effort will be made to contact me, and to avoid delay in treatment: I consent to costs related to treatment: (beyond those covered by insurance). I give my authorization for my child to participate in the BASES Summer Clinics, and hereby release, indemnify, and hold harmless ENFUCO Enterprises, LLC, BASES, its staff, and agents from any claim or liability for accident or injury that occurs while participating. This is an activity that injuries may occur and could be serious in nature. I, the parent or legal guardians of the above registrant, acknowledges and understands that they are solely responsible for any medical expenses that may occur.

Parent/Guardian Signature: _____ Date: _____