



# ***BASES* 2017**

## **Softball Hitting Camps**

### **REGISTRATION FORM**



Select	Session	Camp Description	Dates (Tu,W,Th)	Times	Age	Cost	Size Limit
_____	SH1	Hitting	June 13-15	9AM-11AM	9 & Up	\$99	10

Presented by YES – Yeatman Elite Softball; Lead Instructor – Coach Christina (Nina) Yeatman

\$25 DEPOSIT required for each camp. Non-Refundable within the two weeks prior to any scheduled camp.

**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](http://www.basestrainingfacility.com) E-Mail: [basestraining@verizon.net](mailto: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: \_\_\_\_\_