



BASES 2017

Softball Hitting & Catcher's Camps

REGISTRATION FORM



Select	Session	Camp Description	Dates (Tu,W,Th)	Times	Age	Cost	Size Limit
_____	C1	Catcher's Camp	Nov 7-9	7:00-8:30PM	12 & Up	\$125	6
_____	H1	Softball Hitting Camp	Nov 14-16	7:00-8:30PM	12 & Up	\$125	8

FULL PAYMENT required for each camp at time of registration. DEPOSIT amount of \$25 per camp is non-Refundable within one week prior to any scheduled camp.
\$25 DISCOUNT will be applied when registering for BOTH Hitting and Catcher's Camp.
\$25 DISCOUNT per player per camp when 3 or more from same team register for same camp. DISCOUNT applicability will be determined after 1st camp session.

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: _____