



BASES 2018 Summer Baseball Week-Long Day Camps



REGISTRATION FORM

Ages: 7-14 years old (clinics will be segregated by age/skill groups, as appropriate)

Length (select one): **Full Day** **9AM-3PM (outdoor/indoor) Clinic \$235** (\$50 Deposit Required at time of registration)
Morning **9AM-Noon (outdoor ONLY) Clinic \$130** (\$50 Deposit Required at time of registration)

Sessions (select one or both): **Session 1: (July 9 – July 13)**
(\$30 FACILITY CREDIT, if attending ANY two sessions) **Session 2: (July 30 – August 3)**
(\$75 FACILITY CREDIT, if attending ALL three sessions) **Session 3: (August 20 – August 24)**

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: _____