



***BASES* 2019 Winter/Spring Camps**

BASEBALL HITTING CAMPS

REGISTRATION FORM



WHERE: BASES – Baseball And Softball Essential Skills, 713 E. Ordnance Rd #319, Baltimore, MD 21226

Website: www.basestrainingfacility.com

E-Mail: basestraining@verizon.net

Baseball Hitting Camps \$125 (4½ hours of training per camp / 3 weeks at 1½ hours per week)

_____ Session 1: (January 12,19, 26 / Noon – 1:30PM)	BASIC HITTING	Ages 8-13	Limit 12
_____ Session 2: (February 9,16, 23 / Noon – 1:30PM)	ADVANCED HITTING*	Ages 10-14	Limit 12
_____ Session 3: (March 9,16 23 / Noon – 1:30PM)	BASIC HITTING	Ages 8-13	Limit 12

* ADVANCED Camp Prerequisites: 1) Previous *BASES* Hitting Camp or, 2) Travel Level Ballplayer or, 3) Instructor Pre-approval

Lead Instructor: Coach Matt Lubaszewski, BASES Instructor & Founder of the Baltimore Blue Crabs

Name: _____ **Birth Date:** _____ **Age:** _____

Address: _____ **City/St:** _____ **Zip:** _____

Phone Number(s): Home _____ Day _____ Cell _____

E-mail Address: _____ **Years Experience:** _____

Emergency Contact: _____ **Emerg. Phone:** _____

Parents, please read and sign:

ENFUCO Enterprises, LLC dba BASES – Baseball And Softball Essential Skills

DISCLAIMER OF RESPONSIBILITY FOR PERSONAL INJURY.

I understand that if my child is injured during any BASES Camp 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 Camps, 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: _____