



HITTING*FIELDING*PITCHING*THROWING*CATCHING*BASE RUNNING

Location: Baseball Central

Required: Tennis shoes, pants, glove, reusable water bottle and lunch

Fee: \$260 per week or \$70 per day

Drop off: Early drop off starts @8:30 am, camp starts @9:00

Pick up: 3:00 pm

****Lunch will not be provided****

Ages 6–13, all skill levels welcome

Dates:

Week #1: June 15th-June 19th

Week #2: June 22ND-June 26th

Week #3: June 29th- July 3rd

Week #4: July 6th-July 10th

Week #5: July 13th-17th

Week #6: July 20th- July 24th

Week #7: July 27th-july 31st

Week #8: Aug 3rd-Aug 7th

Please fill out a separate form for each camper. Return bottom portion of this page to Baseball Central in person or mail in with check. Make checks payable to Baseball Central.

Please do not mail cash

Baseball Central Summer Camp Registration

5746 Venice Blvd, Los Angeles, CA, 90019

Phone: (323)954-0200 Fax: (323)954-0205

WWW.BASEBALLCENTRALLA.COM

Keep top half for information and submit bottom half with payment

**** NEW CAMPERS WITH THIS PRINT OUT YOU WILL RECEIVE 50% OFF YOUR FIRST DAY OF CAMP**

Camper Name:	Age:	
Address:		
City:	State:	Zip:
Phone:		
Email:		
Date(s) of participation:		
Emergency Contact:	Relation:	
Phone:		

The following authorization for emergency treatment is a protection for you and your son or daughter. Even though the legislation has been effective to protect Doctors and Hospitals against liabilities in certain emergencies, quick and effective medical or surgical treatment is occasionally difficult to obtain without the parent's or guardian's consent. This form executed by you will materially assist Baseball Central in obtaining proper treatment for your child should an emergency occur, and we are unable to contact you. **I understand that Baseball Central's camp involves the possibility of injury or loss of property. As condition of my child's participation in this program, I hereby release Baseball Central, its officers, employees, and volunteers from any liability related to my child's participation and agree to look only to my health or other insurance in the event of injury or other loss.**

Parent/Gaurdian Name:

Signature: