SUMMER CAMP

Practice solid mechanics, sportsmanship, and teamwork while focusing on the fundamentals of the game taught by our professional instructors.

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

Location: Baseball Central

Required: Tennis shoes, pants and glove

Fee: $350 per week or $75 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 19th-23rd
Week #2: June 26th-30th
Week #3: July 10th- 14th

Week #4: July 17th-21st
Week #5: July 24th-28th
Week #6: Aug. 7th-11th
Week #7: Aug. 14th-18th

Space is limited, so register today!

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

Name of Camper:_____ **Age:**_____

Street Address:_____ **Home #:**_____

City, State, Zip: _____**Cell #:**_____

Session(s): _____

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.**

Print Parent/Guardian Name: _____**Parent/Guardian Signature:**_____