



HITTING FIELDING PITCHING THROWING CATCHING AGILITY COMPETITIVE GAMES AND MORE

\$250

EARLY BIRD RATE
(until Dec.5)

\$325

FULL WEEK

\$85

INDIVIDUAL DAY

WEEK #1 December 19TH – December 23rd

REQUIRED: TENNIS SHOES, SHORTS/PANTS, GLOVE

***LUNCH WILL NOT BE PROVIDED/PLEASE BRING LUNCH AND WATER BOTTLE**

DROP OFF: GATES OPEN AT 8:30 AM CAMP STARTS AT 9:00AM PICK UP: 1:30 PM

| | | |
|----------------------------------|---------------|------------------|
| Camper Name: | | Age: |
| Date(s) of Participation: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | | |
| Email: | | |
| 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 name:

Signature:

Space is limited, so register today!

Please fill out a separate form for each camper.

Return this page to Baseball Central in person, via email or snail mail.

Make checks payable to Baseball Central.

Please do not mail cash

No Refunds

BASEBALL CENTRAL

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