



BASEBALL CAMP

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

CRUSADER BASEBALL CAMP REGISTRATION FORM

ABOUT THE CAMP

IT'S ALMOST BASEBALL SEASON AND THE CLARKE BASEBALL TEAM WANTS TO HELP YOU GET READY!

Pitching, hitting and fielding fundamentals will be taught.
Groups will be based on age.

AGE REQUIREMENT

5 and up

DATE

Saturday, March 13, 2010

Check In: 10:30 a.m., Camp: 11 a.m. - 4 p.m.

COST

Camp Fee \$40

Fee includes t-shirt.

Please make checks payable to Clarke College-Baseball

CAMP LOCATION

Kehl Center, Clarke College Campus

Weather permitting some drills will be done outside, so please bring warm attire.

WHAT TO BRING

- bat
- batting gloves
- glove
- tennis shoes as well as being outfitted in athletic attire (please have name on ALL equipment)

ADDITIONAL INFORMATION

- Hot dogs, nachos and refreshments will be available for purchase
- The camp will conclude with contests for hats, shirts and other prizes.
- The level of instruction for each group will be based on the age of the group. The younger the group, the more basic the instruction will be. The older the group, the more advanced the instruction will be.
- To ensure a free t-shirt, return the registration form by Wednesday, March 10, 2010
- Walk-ins are welcome. \$5 late registration fee.

REGISTRATION

Complete the Camp Registration Form and mail along with your \$40 check (payable to Clarke College Baseball) to:

Clarke College Baseball Program

1550 Clarke Drive

Dubuque, IA 52001-3098

QUESTIONS?

Coach Harris: (563)588-6601 or chad.harris@clarke.edu

Camper's Name _____ Age _____

School _____ Grade _____

Primary Position _____

Home Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Mother's Name _____

Mother's Cell Phone (_____) _____

Father's Name _____

Father's Cell Phone (_____) _____

Parent's E-mail _____

T-shirt Size: (circle one)

Youth S M L Adult S M L XL

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Baseball Camp carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Camp responsible for payment of medical expenses. As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Camp activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Baseball Camp against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned. In the event of an emergency, I authorize the Clarke College Baseball Camp officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Date: _____ / _____ / _____

Participant's Name: _____

Birth date: _____ / _____ / _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Allergies: _____

Necessary Medical Information: _____

Medical Insurance Company: _____

Policy Number: _____

Dubuque Doctor/Hospital Preference: _____

If Parent/Guardian is unavailable, in the event of emergency, please contact:

Name: _____

Relationship: _____

Phone Number: _____

Parent Signature _____

Date _____ / _____ / _____