

BASEBALL CAMP REGISTRATION 2019

Player's Name _____

Age as of June 1, 2019 _____

Rising Grade _____

Address: _____

Parent/Guardian Names and Phone Numbers

Best Contact Email Address: _____

I hereby authorize the staff of Cramerton Recreation to act for me according to their best judgment in case of an emergency requiring medical attention. I hereby waive and release the Cramerton Parks and Recreation Department, it's coaches and staff from any and all liabilities for any injuries incurred while at camp. I hereby warrant that my child is physically fit to participate. I also understand that my child may be sent home for disruptive behavior.

Parent/Guardian Signature _____

Amount Paid _____

Check # _____ Cash _____ Credit Card _____

Employee Initials _____



CRAMERTON, NC Parks and Recreation

Cramerton Parks and Recreation Department
CB Huss Recreation Complex
155 N. Main St
Cramerton, NC 28032
704-824-4231



CRAMERTON, NC
Parks and Recreation

BASEBALL CAMP 2019



Ages 8-12 yrs old
June 24-27

Instructor: Tim Brown

Time: 9am—12pm
After camp ends at noon,
campers have the option of
going to the pool at no
additional cost.

Coach Information

Tim Brown

Tim has coached baseball at Gaston Christian School for the past 7 years and has lead them to a 5-1 season start this year ranking them second in the NCISAA Metrolina league.



Skills

Catching
Throwing
Batting
Fielding
Game Scenarios and Play

Equipment needed:

- Water
- Gym Shoes (in case of inclement weather)
- Glove
- Bat
- Cleats



Other Information:

- A concession stand onsite has water, Gatorade and snacks available for purchase
- First aid kits are on hand
- Players can access a telephone onsite



SWIMMING POOL WAIVER

Optional



My child has permission to go to the swimming pool without my adult supervision. **Lifeguards will be on duty.**

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

EMERGENCY CONTACT INFORMATION:

I agree that in case of accident or illness, that coaches and/or staff for this camp have permission to seek emergency medical care or treatment.

Parent/Guardian Name:

Parent or Legal Guardian Signature

Relationship to Camper: _____

Phone Number in case of Emergency: _____

If you have any questions pertaining to the pool please call 704-824-4231 extension 6.