



2016 MOUNTAINEER BASEBALL SUMMER CAMP

**A Comprehensive All-Skills Camp – Northwest Park
FOR GRADES K-8**

**May 25,26,27 (Wednesday, Thursday, Friday)
8:30am-Noon**

Camp Focus: *Offense* *Defense*

Baserunning* *Pitching/Catching* *Baseball Mentality

LOCATION: NORTHWEST PARK—ROGERS

Camp Fee: \$75

**CAMP APPLICATION
PLEASE PRINT**

CAMPER'S NAME _____ BIRTHDAY _____ AGE _____ GRADE _____

PARENT'S NAME _____ Email Address: _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: Home _____ Mother's Work: _____ Father's Work: _____

CAMP FEE: \$75

Walk ups are welcome!

Mail checks and application to:

**Mountaineer Baseball Camp c/o Darek Bunch
P.O. Box 1457 Lowell, AR. 72756
For more information: email - dbunch@rps.k12.ar.us**

MEDICAL RELEASE/ APPROVAL

Name of Camper _____

Past Health Concerns _____ Past Injuries _____

Present Health (On Medication?) _____

Doctor's Name, Phone No., Address _____

Drug Sensitivities _____ Other Allergies _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Rogers Baseball Camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. Also, I authorize the disclosure to my insurance company for the purpose of claim.

Parent's or Guardian's Signature _____

Street Address _____ Phone (Home) _____ (Work) _____

City _____ State _____ Zip _____